Iowa Medicine
January/February 1998 *An Iowa Medical Society publication*

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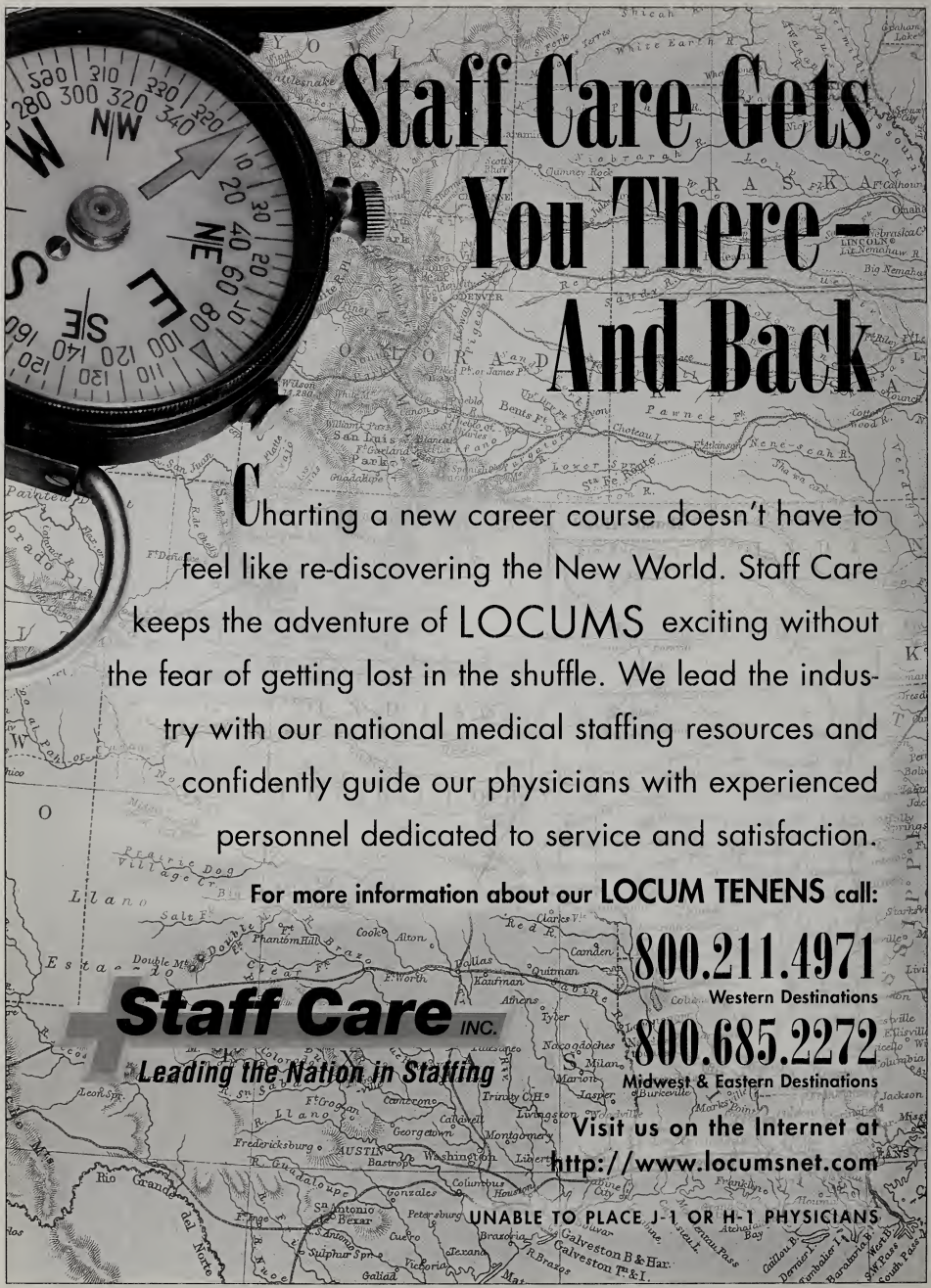
Iowa **Medicine**

Published by the Iowa Medical Society

January/February 1998 Vol. 88/1

This month's feature:

REGULARS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UNABLE TO PLACE J-1 OR H-1 PHYSICIANS

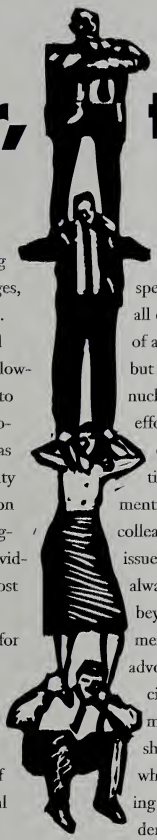
Let's support **each other, too**

The Iowa Medical Society's major role is advocacy for Iowa physicians, but we need to be advocates for each other as well.

by Harold Miller, MD

The major role of the Iowa Medical Society has been advocacy for the physicians of Iowa. That role remains at the forefront and will be of primary concern for the foreseeable future. Your Medical Society has been successful in many roles over the past year dealing with due process for physicians, input on regulatory matters and advocacy on the legislative front. In 1998, we will be looking for more ways to make a difference for Iowa physicians.

At a recent national AMA meeting, I attended a forum where physician leaders from around the United States were discussing their various challenges, successes and failures. This was a useful and insightful program allowing diverse thoughts to flow from various geographic perspectives as well as several specialty views. Yet the common threads were more significant than the individual incidents. The most pervasive common thread was advocacy for physicians.



As physicians and as daily advocates for our patients, we must not lose sight of our most fundamental role of advocacy. We must remain first and foremost advocates for our colleagues' fundamental rights.

We must always advocate for a right to reasonable privacy. We must strongly argue for the right to fair treatment by government, which means protection from unreasonable search and seizure. We must protect physicians' right to free speech. This is not an all encompassing list of advocacy positions, but it must remain the nucleus of all advocacy efforts. We may find ourselves in positions of disagreement with our colleagues on some issues, but we must always seek to look beyond the disagreements and remain advocates for physicians' most fundamental rights. This should be true whether we are talking about medical students, residents or a physician in practice for over 30 years.

We must never lose sight of the fact that supporting each other is the key to advancing the profession of medicine.

Editor's Note: *Due to staff changes,* Iowa Medicine *was published later than scheduled. We apologize if this has caused any inconvenience.*

Dr. Miller is IMS president and a family physician practicing in Davenport.

FLEX BENEFITS

A WIN-WIN!

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If increasing employee spendable pay through reduced taxable income appeals to you and your employees . . . if you want to pay a lower employer tax bill . . . then contact us at BLA for the details. As the endorsed insurance administrator for the Iowa Medical Society, we are here to provide informed help.

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March 15 - 19, 1998

Common Viral Diseases in Primary Care Practice:

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Keystone, Colorado

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- Hepatitis B
- Hepatitis D, E, F, and G
- Hepatitis C
- Update on Pediatric Viral Vaccination
- Viral Infections During Pregnancy
- Common Childhood Viral Infections
- HIV Infection
- Influenza
- Papillomavirus
- The Future of Antiviral Therapy

For further meeting information, please contact:

Ms. Deborah L. Hatz
Coordinator of Programs
Continuing Medical Education Division
The University of Iowa College of Medicine
300 Medicine Admin. Bldg.
Iowa City IA 52242-1101

Phone:319/335-8599
Fax:319/335-8327
Email: dl-hatz@uiowa.edu

physicians lead in

EASTERN IOWA HEALTHCARE

EIHC represents its members regardless of employer affiliation or competing contracts.

Eastern Iowa Healthcare, Inc. is the Independent Physicians Association (IPA) representing 345 physicians in Cedar Rapids and surrounding counties.

Formed in 1985, EIHC has contracts across the alphabet spectrum: Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), Third Party Administrators (TPAs) and Administrative Services Only (ASOs). To date we have not had any OWA (Other Weird Arrangements), but in these changing times it's a definite possibility.

IPA represents physicians only. It provides a panel payers want for their products. Each contractor makes direct arrangements for hospital and ancillary services. The IPA does not offer a full service (hospital, etc.) insurance or risk product of its own, preferring to partner with payers who then make other arrangements as coverage requires.

Eastern Iowa Healthcare, Inc. was built on three basic principles that have kept it legal and effective:

1 It is nonexclusive. Members may belong to any other organization.

2 Membership is voluntary. There is total freedom of choice regarding decisions to join.

3 The IPA does not set fees. Purchasers who wish to utilize the IPA's physician panel can offer fee schedules which may or may not be accepted. There is not one IPA fee schedule, rather a series of schedules depending on a specific contract and risk undertaken by the integrated system.

Over the years, the IPA has been eminently successful with risk products, returning all withhold funds year after year.

The IPA represents its members regardless of employer affiliation or competing contracts. It strives to provide its physicians with a level playing field not captive to any hospital or purchaser.

As we begin 1998, the only sure thing in health care is change. EIHC is totally aware of pressures which could lead to fragmentation and chaos. The physicians who make up the board of directors are deeply involved in planning goals and policies that will allow the IPA to remain a potent force serving the patients of its area for years to come.

CONTACTS

Eastern Iowa Health Care, Inc.

Dr. Dale Roberson
(319) 365-3127

Dr. Steven Wahle
(319) 365-3127

Daniel Langfield
(319) 365-3127

changing

PARTNERS

Medical Associates, Floyd Valley Hospital and the Floyd Valley Medical Foundation have announced the addition of **Dr. Sheila Holcomb** to the LeMars medical community.

Jon Yankey, MD, has joined the staff of Health Works at Mercy Family Care Networ, Mason City.

David Taylor, DO, has joined Dr. Stephanie Seemuth at Mercy Family Care Network-Northwood.

Call Tina Stoner at the IMS, (515) 223-1401 or (800) 747-3070 OR email her at kstoner@iowamedicalsociety.org if you have news about physician practice changes.

Medicare audit activity **HEATING UP** in Iowa

Medicare audit activity continues and IMS leaders are stepping up efforts to advocate on behalf of Iowa physicians. The fact that audit activity in Iowa has been intense in comparison with other states points to the need for such advocacy.

IMS leadership is meeting regularly with the Part B carrier to ensure that the process is fair to physicians. IMS successfully delayed additional post-payment E&M audits until April of 1998. However, the scope of work for all Medicare carriers in 1998 will be prepayment reviews.

"There is obvious risk for all of us when there is a perception that 40% of Iowa physicians are not providing enough documentation for their levels of coding," commented John Brinkman, MD, IMS president-elect. Dr. Brinkman has been designated to head up IMS Medicare advocacy efforts.

IMS is also trying to rejuvenate interest in Medicare's Carrier Advisory Committee (CAC). The Medicare Part B policy-setting committee meets quarterly but only 50% of its physician members attend regularly, said Dr. Brinkman.

The Office of the Inspector General has assigned three investigators to investigate fraud and abuse in Iowa, Dr. Brinkman added.

WHAT IS IMS DOING ABOUT IT?

- IMS leaders now meet regularly with the Medicare Part B medical director regarding audit procedures.
- IMS introduced a resolution at the AMA Interim Meeting which preserves fairness for physicians in the audit process. The Iowa Delegation's resolution was praised by physicians from across the country.
- The IMS has appointed Dr. Jose Angel, IMS vice president, to represent IMS members on Medicare's Carrier Advisory Committee.

A RECENT TEST AUDIT OF 117 CHARTS OF IOWA PHYSICIANS SHOWED:

correctly coded: 47%

insufficient documentation for the level of coding: 44%

undercoded: 9%

Reaching out to **WOMEN PHYSICIANS**

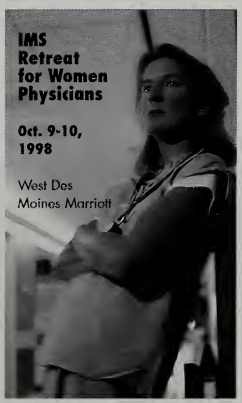
Women physicians in Iowa have to balance their personal and professional lives every day. A special Iowa Medical Society program acknowledges their special needs.

The first-ever IMS Retreat for Women Physicians will be Friday, Oct. 9 - Saturday, Oct. 10, 1998 at the new West Des Moines Marriott.

"Women physicians have busy careers and are usually the major caretaker for their families," comments Kathryn Opheim, MD, IMS Judicial Councilor and member of a committee planning the event for women physicians. "Is it any wonder we feel overwhelmed at times?"

The program will focus on communications skills, being a better negotiator in a competitive environment, innovative practice arrangements, managing the stress of a busy career and personal life and other topics women physicians have mentioned in surveys.

Planning for the retreat for women physicians is in the early stages. If you have program suggestions, please call Chris McMahon at the IMS, (515) 223-1401 or (800) 747-3070. You can fax her at (515) 223-8420 or email *cmcmahon@iowamedicalsociety.org.*



Funding for Iowa's KID CARE

A key issue for the 1998 Iowa Legislature is matching dollars to support implementation of the federal State Children's Health Insurance Program (SCHIP). SCHIP is designed to help states provide health assistance to low income children. Iowa is eligible for a $32.5 million federal allotment in 1998 if the state provides an $11 million match.

Central to the debate in Iowa will be how to cover eligible children, what benefits to provide and mechanisms for identifying eligible children. Estimates of the number of uninsured Iowa children range from 50,000 to 173,000.

Iowa's SCHIP Task Force recommended Medicaid be expanded to 133% of the federal poverty level and that separate private coverage be established for children up to the age of 19 who live in families with income up to 200% of poverty. This is consistent with the IMS position.

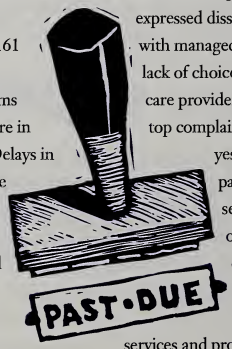
Basic services which must be provided under SCHIP include inpatient and outpatient hospital services, physician medical and surgical services, lab, x-ray, well-baby and well-child care (including immunizations).

IMS will work with Iowa Academy of Family Physicians, the American Academy of Pediatrics Iowa Chapter and others on this significant state legislative initiative.

Managed care survey gets BIG response

The Iowa Medical Society asked IMS members for input on their experiences with managed care, and they got it in a big way.

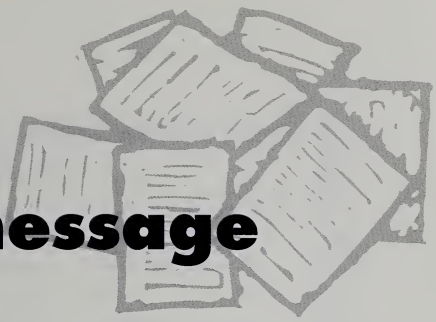
An unprecented 234 physicians responded with 161 acknowledging recurring problems with managed care in their practices. Delays in payment were the most frequently cited problem, along with denial of request for care, required resubmission of claims, denial of participation in the plan without adequate justification and uncooperative or poor follow-up.



The survey also asked if physicians have an avenue of recourse available to them. Sixty-eight of the physicians responding said they have an avenue of recourse; 53 said they have no recourse.

The physicians were also asked if their patients expressed dissatisfaction with managed care. With lack of choice on health care provider being their top complaint, 147 replied yes. Denial of payment for services/denial of services, lack of direct access to specialty care services and processes and procedure were among their other complaints.

The IMS department of public policy and advocacy conducted the survey to collect background information for the legislative session.



SUBPOENA: **a mixed message**

A subpoena does not necessarily rule out the need to obtain a patient's consent to release confidential medical records.

by Jeanine Freeman, JD

A subpoena compels attendance of a witness. A *subpoena duces tecum* orders you to produce records or documents. Subpoenas of physicians generally seek access to medical records. Physicians must maintain patients' confidences and can be liable for unauthorized release of patient information.

Herein lies the rub: a subpoena is not the same as patient consent nor is a subpoena always sufficient legal authority for release of files. Yet, a physician who ignores a subpoena is at legal risk.

A recent Rhode Island case illustrates how *not* to respond. In an acrimonious divorce case, the husband's attorney issued a subpoena for the wife's prescription history. The pharmacy released the records without notifying the wife's attorney or getting permission. The wife sued and the court granted relief, stating that mere receipt of a subpoena did not grant carte blanche to publish the information to third parties.

NEVER IGNORE A SUBPOENA

At the same time, don't routinely give up the information requested.

EXAMINE THE SUBPOENA

Who issued the subpoena? Is the request clear? Has the patient given consent or executed a waiver? If not, is release otherwise legally authorized or required?

WORK OUT DIFFERENCES

Iowa courts recognize two valid competing interests: 1) the sacred trust of patient confidentiality; and 2) the public's right to discover evidence necessary to prosecute crime or resolve disputes. Taking differences to court is a last resort. Medical offices should keep their attorney apprised.

A current issue in Iowa relates to the subpoena authority of licensing boards. These boards have power to compel production of confidential medical records ***deemed necessary as evidence in connection with a disciplinary proceeding.*** The Iowa Supreme Court has decided the burden of establishing the necessity of the information rests with the licensing boards; records and documents must be relevant and essential to establishing the allegations in the complaint. A question left unanswered is whether a medical office responding to a board-issued subpoena can presume relevancy has been established. IMS and the Attorney General's Office are analyzing the impact of these court decisions.

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society. Information in this column is not intended to be legal advice. Call your attorney with specific questions or concerns.

reimbursement

WELLMARK **names**

NEW **Medicare** medical director

In an unexpected development, Dr. Edward Hertko, a retired Des Moines internist, has been named the new Medicare Part B medical director. Dr. Hertko began as the new carrier medical director on January 5.

According to a Wellmark press release, Dr. John Olds, the current Medicare medical director, will assume new duties in Part A Medicare as medical director for Wellmark's regional home health business. This is a new position recently established by HCFA "to develop medical policies for administration of home health and hospice benefits and to target efforts against the rising number of fraud and abuse problems in home health."

Dr. Hertko has done extensive work with diabetes.

During the past year, the Iowa Medical Society Board of Trustees has held a series of meetings with Dr. Olds regarding audits of physician offices for E&M coding documentation. Iowa is the only state in the six-state North Central Medical Association which has seen both payment audit activity and E&M coding review. **(For more about advocacy efforts on behalf of Iowa physicians, see page 9).**

"We look forward to working with Dr. Hertko in our efforts to make the audit process fair for providers and to educate physicians on coding and documentation," commented Dr. Harold Miller, IMS president.

healthy iowans

the healing **pat**

IMS funds distribution of booklet on surviving **Domestic Violence**

Victims of domestic abuse will receive valuable information when the booklet "The Healing Path: A Guide to Surviving Domestic Violence" is distributed across Iowa.

Funding for publication and distribution of 34,000 copies of the booklet will come from the Iowa Medical Society's Education Fund. The IMS Alliance will coordinate distribution of the booklet.

The booklet was first published by the Polk County Medical Society Alliance through a grant from Healthy Polk 2000 and the Polk County Board of Supervisors. Copies were distributed to hospitals, clinics, law enforcement, domestic violence shelters, churches and schools.

The IMS Task Force on Family Violence, appointed by the Board of Trustees three years ago, has initiated several projects designed to educate Iowa physicians on diagnosing and treating victims of family violence. The task force is currently working on a video on child and elder abuse reporting.

IMS wants an INDIVIDUAL CONNECTION with **every member**

The IMS Strategic Planning Task Force has finalized recommendations for the vision statement, core purpose and core values for the Iowa Medical Society. The core purpose and core values will form the foundation for IMS activities and priorities.

VISION STATEMENT

To become the source of leadership and the preeminent voice of quality health care for Iowans

- IMS will have unquestioned political strength.
- IMS will be the unquestioned voice for all physicians and patients.
- Every Iowa physician will feel an individual connection to the IMS.
- IMS will be a source of medical advocacy for public health, patients and physicians.
- IMS will be an organization of highly trained and skilled medical professionals.

CORE PURPOSE

To assure the highest quality health care through our role as patient and physician advocate

CORE VALUES

The care of patients is the foundation of our profession. The physician-patient partnership is unique and essential for high quality care. Freedom to practice the art and science of medicine professionally is essential.

GOALS AND OBJECTIVES

1 *Insight and advocacy for physicians and patients*
2 *Culture of quality improvement*
3 *Political objectives*
4 *Public health advocacy*
5 *Relevance of membership and participation*

What would it take to make you feel that you have an individual connection with IMS?
We would love to hear your opinion, and we're making it easy! Please respond in one of four ways:
E-mail Mike Abrams, IMS executive v.p., at: **mdabrams@iowamedicalsociety.org**
Fax Mike Abrams at the IMS at (515) 223-8420
Write Mike Abrams at the IMS, 1001 Grand Avenue, West Des Moines, Iowa 50265
Call Chris McMahon, IMS v.p. of communications, at (800) 747-3070 or (515) 223-1401

distinctions & AWARDS

CONGRESSMAN GREG GANSKE was recently named to the **Bipartisan Commission** on the Future of Medicare.

DR. HUNTER FUERSTE of Dubuque recently assumed office as president of the **Iowa Academy of Ophthalmology.** Dr. Fuerste is an IMS trustee.

JEROME GREENFIELD, MD of Mercy Psychiatric Services Clinic received the award for **"Outstanding Achievement in the Area of Psychiatry"** at the Community Mental Health Center Association of Iowa annual conference on Oct. 23.

The Iowa Medical Society is now accepting applications for two awards: **Physician Community Service Award** and **Clinic Manager of the Year Award.** To nominate someone, please call Chris McMahon at the IMS (800) 747-3070 for applications. Nominations are due March 2.

DECEASED MEMBERS

L. DEAN CARAWAY, MD, 69, emeritus member, family practice, Amana, Iowa, October 19.

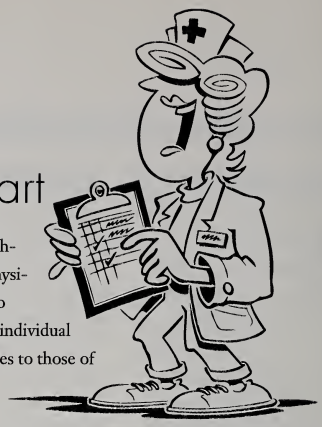
HAROLD KLOCKSIEM, MD, 82, life member, anesthesiology, Des Moines, Iowa, September 2.

WENDELL MEYER, MD, 45, active member, anesthesiology, Cedar Rapids, Iowa, November 4.

F. DALE WILSON, MD, 86, life member, general surgery, Davenport, Iowa, October 10.

patient satisfaction

surveys off to **SUCCESSFUL** start



Integra Health and Mercy Physician Services of Cedar Rapids are the first physician clinics to sign up for the IMS sponsored patient satisfaction survey project. Two other large clinics have verbally committed, starting the project with nearly 500 physicians.

The IMS selected Healthcare Research Systems of Columbus, OH to provide a standard survey tool used in physician offices. A committee of Iowa physicians and clinic managers worked with HRS to develop the survey. This project provides a statewide benchmark which physicians can use to compare their individual survey responses to those of other Iowa physicians.

HRS has one of the most comprehensive survey data bases to provide comparisons to national survey responses. HRS also provides an option for clinics to install its "Ideas" software, providing the ability to analyze specific data. For example, a clinic could review the data in total, by location, by clinical department or by individual physician.

Patient satisfaction surveys are an important tool. Clinics can identify areas that need improvement, use results for compensating staff or prove quality care to insurance companies and employers.

For more information, contact Ed Whitver at the IMS, (515) 223-1401, (800) 747-3070 or ewhitver @iowamedicalsociety.com

quick

info at **www.legis.state.ia.us**

Keeping up-to-date on legislative issues has never been so easy. Since the last Iowa General Assembly ended, the legislature's web site (www.legis.state.ia.us) has received a makeover. Information is updated daily, and when the legislature is in session, the floor action report is updated every 15 minutes.

A quick jump to the Iowa Legislature's home page will cut down the time you spend learning about potential laws that will affect your practice. Go to the bill history to get the full text of the bill, its history through committees and links to legislators supporting the bill. For daily updates of legislative activities, check out the daily action reports and session briefs produced by the legislative information office.

Take a look at legislators' personal pages for information about current and past committee involvement and links to their e-mail addresses. Interim, study and standing committee pages list committee members with links to their personal pages, meeting minutes and final committee reports for interim and study committees.

Administrative rules and the full Code of Iowa are also available.

Are your patients falling through the cracks?

How thorough and effective are your office follow-up systems? The underlying cause of many patient injuries and malpractice claims is the failure of physicians and staff to implement or consistently comply with systems to follow up on important clinical information. The quality of patient care is undermined and you face almost certain liability if you allow patient information to be overlooked or "fall through the cracks." Consider taking these actions to close any gaps in your own practice that may injure patients and increase your exposure to liability:

◆ Implement a tracking or logging mechanism to ensure receipt of lab results, x-ray and consultation reports and other information ordered.

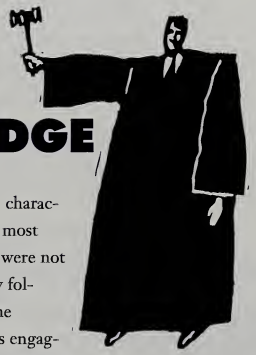
◆ Ensure review of all patient information by having a physician or qualified health professional initial reports before filing in the medical record.

◆ Notify patients of all lab results, x-ray and consultation reports in a timely manner.

◆ Evaluate significant missed appointments to determine if the patient's failure to keep the appointment creates increased risk of complications or injury.

This column is provided by Midwest Medical Insurance Company especially for Iowa Physician. For more information, call Lori Atkinson, MMIC risk management supervisor, at (800) 798-9870 or (515) 223-1482.

YOU be the JUDGE



A disturbing article in a recent issue of *The New Yorker* chronicled the career of a physician who has been convicted of poisoning co-workers. He was also implicated in the deaths of a number of patients with whom he had contact.

The story unfolds as in a novel, but the events are real. While the physician possessed appropriate credentials for his residency and practice positions, in each case otherwise responsible physicians and administrators often failed to obtain information about the individual's past, which resulted in a hiring.

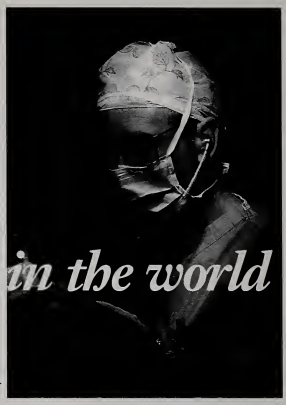
Elaborate verification protocols, characteristic of most hospitals, were not previously followed. The physician's engaging personality (and often skillful lying) convinced residency directors and other physician administrators of his capacity for the position.

This story, more than many, underlines the necessity of knowing the whole person.

Demonstration of knowledge base is inadequate, if the emotional or psychological stage of the physician is unknown.

This column is written by Dr. Richard Nelson, associate dean, University of Iowa College of Medicine.

Being sued:
the loneliest feeling in the world



The emotional stress of a malpractice claim can be devastating. Knowing there is emotional support can be a lifesaver.

by Lori Atkinson
and Debra McBride

Lori Atkinson is a risk management supervisor with Midwest Medical Insurancce Company, a physician-owned medical malpractice insurer covering physicians, clinics and hospitals in Minnesota, Iowa, Nebraska, North Dakota and South Dakota. Debra McBride is the manager of risk managment in MMIC's Minneapolis office.

A child was hospitalized with pneumonia and abdominal pain. An x-ray showed free air in the abdomen; an exploratory laparotomy was negative. It was determined a mix-up had occurred when another boy with the same first name was taken for the x-ray by mistake. As that child had just had surgery, the presence of free abdominal air was normal. The distraught surgeon called MMIC and said, "I just operated on the wrong child."

An elderly woman complained of diarrhea, stomach discomfort, weakness and poor appetite. Lab test results were put into her chart and given to the physician for review. He noted her glucose level to be 468 and prescribed an oral hypoglycemic medication. Two days later the patient was found in an obtunded state and rushed to the emergency department. Her glucose level was 28. She suffered an occipital infarction secondary to hypoglycemia. She remained in a persistent vegetative state until her death four months later. Her physician discovered the high glucose report on her chart actually belonged to a diabetic patient and had been placed in the wrong chart. A malpractice claim alleging improper treatment was settled with a payment to her sons.

GETTING SUED: THE HIDDEN COSTS

Negligence. Malpractice. Lawsuit. These are stressful words for physicians.

A study of physicians' reactions to malpractice litigation by Sara Charles, MD, showed over half of the physicians experienced anger, inner tension, depression, frustration, irritability and insomnia. These are the hidden costs of malpractice.

While you cannot completely avoid the emotional reactions a malpractice claim elicits, there are ways to cope. Understanding the process you face is a first step.

THE MALPRACTICE PROCESS

Medical malpractice is defined as professional negligence or the failure to meet the standard of care for your profession. It can be a blatant error such as operating on the wrong patient or body part, or it can be a more subtle error, such as failing to note that the wrong lab results were filed in a patient's chart. Either situation may lead to a claim that you breached the standard of care.

In a medical malpractice claim, the plaintiff must prove you breached the applicable standard of care, usually by using another physician to testify as an expert. This breach must be the direct cause of the patient's injuries for the patient to recover any money.

In the second case at the beginning of this article, the doctor's failure to note the

wrong patient's lab results were in the chart led to his prescribing an oral hypoglycemic, causing the woman's brain injuries and death. Often you know when a mistake has been made, and you can prepare for any consequences that follow. The physician who operated on the wrong child, as in the first case cited, knew the moment he left the OR that he faced a claim. Sometimes, however, a patient's adverse outcome or missed diagnosis will not come to your attention until the claim is brought.

GETTING THE NEWS YOU'RE BEING SUED

The news of a malpractice claim could reach you in one of several ways: A letter from the patient or his attorney may arrive in the mail or a summons or complaint may be served by your local sheriff. This marks the beginning of the formal legal action — the plaintiff's attorney files the summons or complaint with the court, stating the claims against you. You and your attorney must respond within a specific time. You may also find out about a lawsuit by an article in the local newspaper.

Feelings of anger, betrayal, shock and humiliation are not uncommon. Many physicians report an overwhelming urge to talk to everyone about the case to try and validate their actions. Others withdraw and hope the whole thing will go away. Getting a handle on your emotions can be critical, as the technical legal process may be long and painful.

THE LAWSUIT

Once the lawsuit is begun, the discovery process begins. Hidden costs of the claim begin to accrue in the form of time because of meetings with lawyers, answering questions and telling what happened over and over again.

During discovery, your lawyer will help you answer, under oath, written questions from the plaintiff called "interrogatories." Expert witnesses will testify for you and against you; you will be asked to review each opinion. You will most likely give a deposition where the plaintiff's lawyer will ask hundreds of questions about your professional background and what happened with this patient.

As the litigation wears on, fear or humiliation may give way to anger and depression. You may just want the whole thing to be over, but fear the embarrassment of settling.

Settlement may be considered at any time during the litigation process. A settlement is an agreement between the parties that resolves the dispute. Often, once discovery is complete, the plaintiff realizes the case is weak and the suit is dismissed. In other cases, a payment is made on behalf of the physician to resolve the claim. The decision to settle a claim may cause feelings of self-doubt, resentment or failure. These intense feelings may impair your ability to evaluate the nature of the claim.

If your case is not settled or dismissed, it will go to trial. If your case goes to trial, your lawyer will expect you to attend every day. The trial may last several weeks, creating intense stress. It can be difficult to listen to the plaintiff's attorney point out your "mistakes and failings."

TRIAGE for litigation stress!

In a joint effort with Midwest Medical Insurance Company (MMIC), the Iowa Medical Society has developed the Physician Litigation Support Program. The purpose of the program is to provide information and support to physicians experiencing stress related to the litigation process.

Iowa physicians from various specialties volunteer to serve as one-on-one, confidential helpers. These physicians have all been through a claim or litigation process and also have taken specialized training on how to provide peer support.

A brochure about the program and a litigation stress booklet can be obtained by calling Lori Atkinson at (800) 798-9870 or (515) 223-1482. Ms. Atkinson can also refer you to a physician colleague for emotional support.

When the trial ends, you may be left with a sense of great loss, no matter the outcome.

TWO TYPES OF REACTIONS

In Dr. Sara Charles' studies, 96% of the physicians acknowledged some emotional reaction to being sued.

A variety of symptoms clustered into two common groups. One group described their symptoms as depressed mood, insomnia, loss of appetite, loss of energy and decreased sex drive.

A second cluster of symptoms was characterized by feelings of overwhelming anger, frustration, irritability, headache, inner tension, gastric distress, insomnia and depression.

Stress symptoms invariably carry over into work and family life. The anger can cause you to view every patient as a potential litigant and negatively affect your patient relationships. You may be unable focus at work.

Some physicians react by ordering extra tests, referring difficult cases and avoiding patients with the same condition as the plaintiff. The clinic staff may also become anxious and irritable.

EFFECT ON SPOUSES, STAFF

Spouses may suffer feelings of stress similar to yours. A deep sense of loss, marital isolation, fear of financial vulnerability and social isolation can pervade the family.

Many physicians fail to discuss their feelings with family members in an attempt to protect them from the stress. This isolation can cause more stress. You may be instructed not to discuss the case with anyone, but your feelings need to be discussed so you can receive the emotional support to help you cope with the rigors of a lawsuit.

You've just been sued... what next?

An evening program provided by IMS for physicians and administrators to learn

- legal process
- clinic and community cautions and control
- physician support mechanisms

Des Moines	July 21, 1998
Sioux City	July 22, 1998
Davenport	July 28, 1998

Watch the IMS July-December practice management calendar for further details.

You've been SUED? You're NOT ALONE

1 Realize you are not alone. Yearly, thousands of other physicians go through what you may be experiencing.

2 Involve yourself in the defense of your case. Help choose your experts, review medical literature and share your feelings with your insurance company representative and the defense attorney working with you.

3 Become informed about the legal process to decrease the fear of the unknown. Understanding the steps will help deal with the frustration of the slow-moving pace.

4 Share your emotional responses with your spouse, children and any support network you have. While you can't discuss the actual facts of the case, you can discuss how it's making you feel.

5 Seek professional counseling if you feel overwhelmed by your reactions. Don't wait until your emotions interfere with your judgment, leaving you vulnerable to another mistake.

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IOWA ACADEMY OF SURGERY
ANNUAL SPRING MEETING

SURGICAL SYMPOSIUM ON TRAUMA

APRIL 17-18, 1998

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Baylor and Uniformed Services
Houston, Texas

Kimball I. Maull, M.D., FACS
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Loyola University of Chicago
Maywood, Illinois

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Oregon Health Sciences University Hospital
Portland, Oregon

G. Patrick Kealey, M.D., FACS
Professor, Department of Surgery
The University of Iowa College of Medicine
Iowa City, Iowa

Maureen F. Martin, M.D., FACS, FRCS
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Iowa Health Systems
Des Moines, Iowa

Matthew Weirsch, M.D.
Orthopaedic Surgeon
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Iowa Health Systems
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Akella Chendrasekhar, M.D.
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Iowa Health Systems
Des Moines, Iowa

Susanne Conrad, R.N., M.S.
Executive Director
Iowa Statewide Organ Procurement Organization
Iowa City, Iowa

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"Peripheral Vascular Trauma"
"Prioritization of Operations in Trauma Care"
"Missed Injuries/Role of Tertiary Surbey"
"Update on Pelvic Fractures"
"Pancreatic and Duodenal Trauma"
"From Resection to Transplant: Management of Liver Trauma"
"Management of Shock/Hypotensive Resuscitation"
"Evaluation of Abdominal Trauma"
"Intra-abdominal Compartment Syndrome"
"Burn Management and Treatment"
"Ventilator Management"
"Debunking Myths in Trauma Surgery"

ACCREDITATION

Iowa Methodist Medical Center is accredited by the Iowa Medical Society to sponsor continuing medical education for physicians.

Iowa Methodist Medical Center designates this educational activity for a maximum of 9.0 hours (Friday, April 17) in category 1 credit toward the AMA Physicians Recognition Award. Each physician should claim only those hours of credit actually spent in this educational activity. Hours of credit for Saturday, April 18 TBA.

COST

Physician Fee $150.00
Resident Fee $35.00

CONTACT

Surgery Education Office, Iowa Methodist Medical Center
1221 Pleasant Street, Des Moines, IA 50309 Phone: (515) 241-4076

Need **MORE TIME** on SINGLE SYSTEM EXAM CRITERIA? **You've got it...**

According to a recent letter to Percy Wooton, MD, president of the American Medical Association, HCFA plans to delay enforcement of the new single organ system exam criteria. This delay means that between Jan. and July 1, 1998, physicians may choose which exam criteria (the 1994 criteria or the new criteria) by which the Medicare carrier will judge their documentation.

PRE-PAY EDITS

Effective Nov. 1, 1997 through Aug. 1998, HCFA instructed all carriers to begin pre-pay edits of E&M documentation. HCFA tells carriers which codes to look at, and the carrier then randomly selects approximately 150 claims for review each month.

The physician will receive a letter requesting E&M documentation to support the level of service selected for that date of service. In responding, the physician should indicate which exam criteria the physician is using (i.e., the 1994 criteria or the new criteria and in the case of a specialty exam, which body system). The carrier has 60 days to review the record and approve or "downcode" the service. If your service is downcoded, a special message will be printed on the remittance advice and payment reduced.

John Olds, MD, carrier medical director, has agreed to inform physicians if they have undercoded. However, the claim will be paid at the level submitted and the physician would have to resubmit the claim for additional payment. If a physician fails to submit the requested documentation, the E&M service will be denied.

POST-PAYMENT AUDITS

In an agreement with the IMS, the carrier will not perform any E&M post-pay audits for dates of service prior to April 1, 1998. However, as the carrier audits other services and if a suspected E&M problem arose, the carrier cannot neglect its responsibilities to pay for only medically necessary services supported by documentation and, under these circumstances, may perform E&M audits. This agreement allows the IMS additional time to educate physicians about the requirements.

EDUCATION CONTINUES

To date, IMS has trained 2,300 physicians and their staff concerning E&M documentation. IMS continues to offer customized programs and chart audits on an ongoing basis. If you would like further details and pricing for a customized program for your practice, call IMS practice management staff, Barb Pierce or Sheryl Nuzum at (800) 747-3070.

LAST CHANCE BEFORE IMPLEMENTATION

Single organ system exam criteria & documentation guidelines–

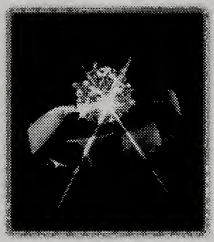
May 19 Module A: multisystem, ENT, GU female, GU male

May 20 Module B: multisystem, eyes, psychiatric, skin hematologic/lymphatic/immunologic

May 21 Module C: multisystem, neurological, musculoskeletal cardiovascular, respiratory

Classes will be held in Des Moines in the evening. Watch for details in the April-June IMS calendar.

With Kids And Diamonds,

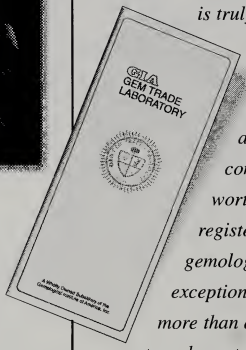


Report Cards Don't Automatically Mean Brilliance

It takes a professional to show you what the certificate doesn't tell you.

A GIA certificate is similar to a report card; it lists and grades a diamond's color and clarity, but it does not tell you about the brightness or grade the cut of the diamond.

Josephs has a large inventory of high quality diamonds that carry an official GIA certificate; however, it takes more than a GIA certificate to determine if a diamond is truly "brilliant."



At Josephs, our experts point out the specific cut of the diamond as well as other factors that contribute to a diamond's real worth. With a staff of 16 registered jewelers and certified gemologists, and a selection of exceptional diamonds, Josephs offers more than a GIA certificate; we offer true, honest value.

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keeping **BALANCED**

It may be time to count your blessings...from investments that is.

by Jerry Foster

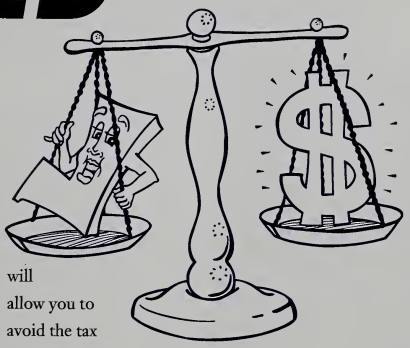
If you have United States equities in your portfolio, you watched many of your investments soar during the past two years. However, other asset classes have not fared so well. Considering these factors, it is probably time to evaluate and to adjust your portfolio.

Most financial advisors suggest adjusting when an asset class is five to 10% out of balance. There is a temptation to resist the discipline of rebalancing because it requires reducing a position that has been doing very well and moving to something that has not done well. This is a simple exercise of "buy low and sell high."

When deciding whether to rebalance, you must consider two issues: What will transactions and commissions cost and what will the tax consequences be? Costs and taxes will compromise the value of rebalancing if they are more than the "drift" amount you are trying to adjust. When rebalancing, you should liquidate assets held for more than 18 months in order to take advantage of the new capital gains rate. Any losses in your portfolio can be used to offset gain and minimize taxes.

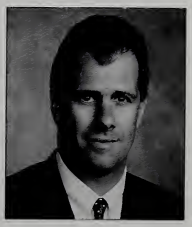
Using ongoing contributions into your portfolio and allocating them to the appropriate asset class will help keep the portfolio in sync with the designed allocation. In addition, by having dividends and income from existing positions go to cash instead of reinvesting, you will create an ongoing cash position that can be used for rebalancing purposes.

If you plan on making charitable contributions, gifting highly appreciated assets will allow you to avoid the tax on the gain. Use the cash that would have been gifted to rebalance your portfolio.



The real value of rebalancing depends on whether you PROPERLY allocated your portfolio in the first place. You can be fanatical in your rebalancing strategies, but if the portfolio isn't designed to achieve your investment objectives or reflect your risk tolerance, it may be an exercise in futility.

After a good year like 1997 and in the midst of a volatile market, it may be a good time to step back and take a good hard look at your investment portfolio and develop a new strategy.



Jerry Foster is the CEO of Foster Capital Management, a financial planning and investment company located at IMS headquarters, (800) 798-1012.

break the CYCLE

This article was written by Cindy Ebrecke, IMSA president

To address the problem of teenage pregnancy and the resulting cycle of poverty and lost dreams, the Iowa Medical Society Alliance became a leader in implementing the Baby Think It over™ program into school curricula across Iowa.

Baby Think It Over™ is an infant simulator which provides a realistic parenting experience. In less than two years, county alliances raised over $61,000 and distributed over 244 infant simulators to junior and senior Iowa high schools. The Alliance has made great strides, but much more needs to be done. If you would like more information about how to implement the Baby Think It Over™ program in your county, our chair, Karen Messamer, would love to discuss the possiblities. Karen may be reached at (515) 673-3751; or write her at 1503 B Ave., Oskaloosa, IA 52577.

Let's Help Break the Cycle of Lost Dreams

Baby Think It Over™ has successfully changed students' attitudes about parenting which can be the first step in changing their behavior.

Our goal is to break this cycle of poverty and lost dreams.

March/April *Iowa* Medicine

◆ Congressman Greg Ganske has won a coveted seat on the Bipartisan Commission on Medicare. What is the commission's charge, and what is the future of Medicare audit activity in Iowa? Watch for this special feature!

◆ 1998 Annual Meeting details including a full day program on medical technology, special Town Meeting on Strategic Planning and an Annual Banquet that will keep your feet tapping.

◆ What are the challenges faced by today's physician CEOs? *Iowa Medicine* begins a series of guest columns.

◆ IMS Strategic Planning Task Force has created our vision and core purpose. IMS governance structure is next on their agenda. Watch for a report on proposals for change.

◆ What's going on in the Iowa Legislature? IMS is busy pushing its agenda of legislation friendly to physicians and patients. Find out what's going on in this year's Iowa Legislature and the state of managed care initiatives pushed by the IMS.

Are you receiving your *IMS Advocate?*

In addition to *Iowa Medicine*, all practicing physicians should also be receiving the new IMS newsletter the *IMS Advocate*. This newsletter is being published weekly during the legislative session. If you aren't receiving yours, please call Chris McMahon at the IMS, (515) 223-1401 or (800) 747-3070.

professional listing

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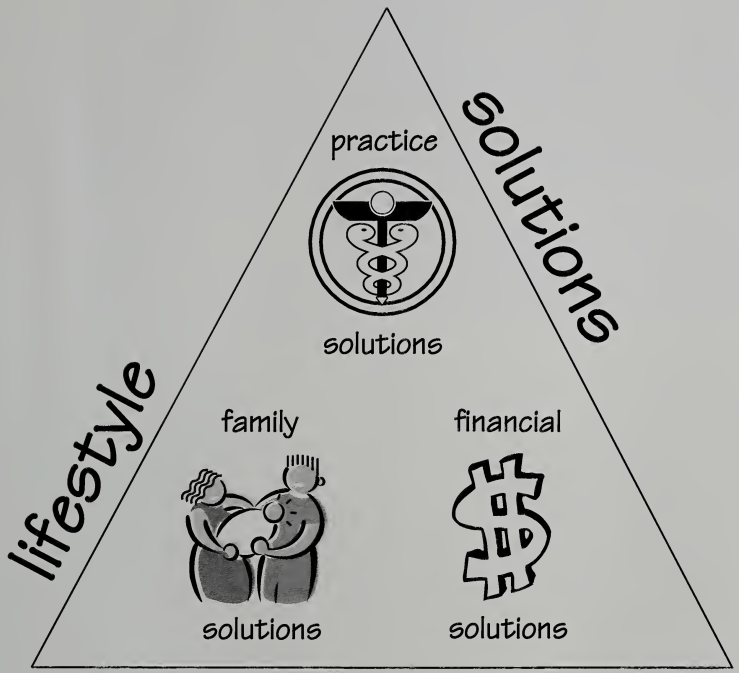

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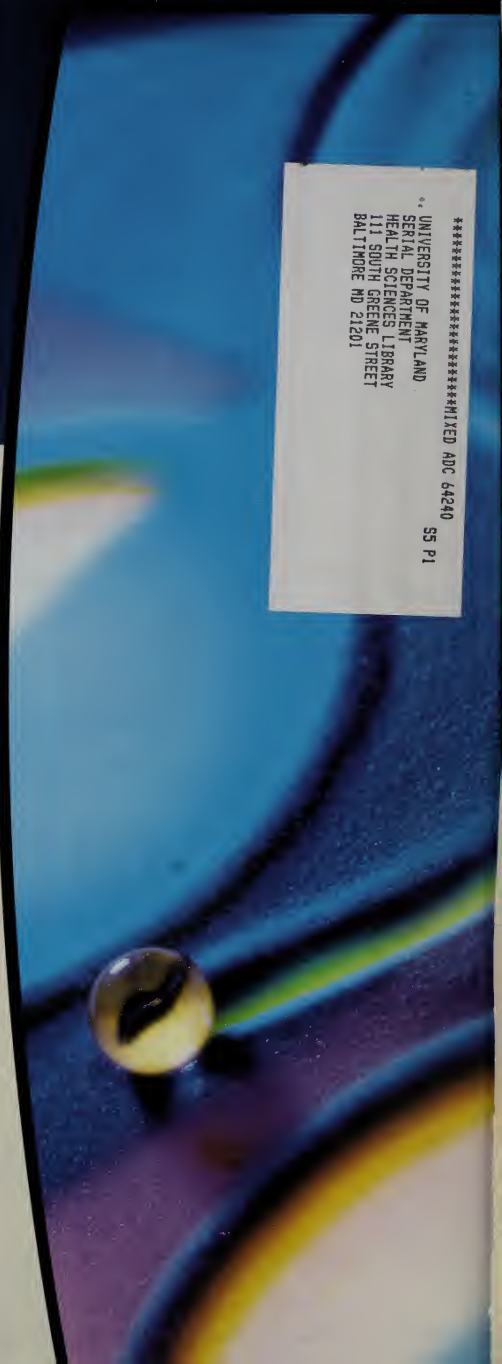
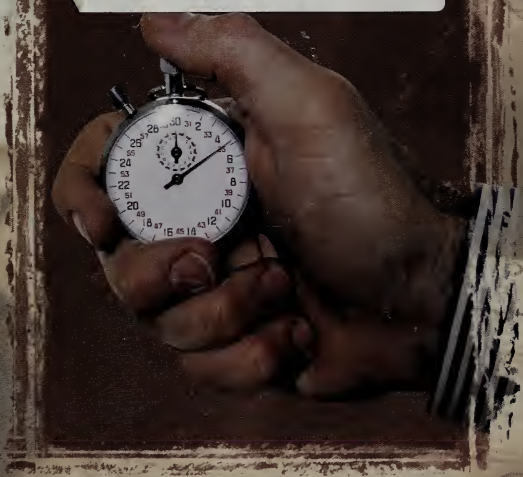


Iowa Medicine
March/April 1998 An Iowa Medical Society publication

Is Medicare running out of time?

The Bipartisan Commission is charged with saving Medicare, and Rep. Greg Ganske lobbied hard to be chosen as a member



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*Iowa*Medicine

Published by the Iowa Medical Society

March/April 1998 Vol. 88/2

This month's feature:

REGULARS

An organization that advocates for physicians *and* patients?

That's right! The core purpose of the Iowa Medical Society is to assure the highest quality health care through its role as physician *and* patient advocate. All Iowa physicians care about the well-being of Iowans, no matter what other professional and personal concerns affect their day-to-day practices. Working together as partners on long and short-term projects, IMS physicians are able to contribute to the overall health of Iowa patients.

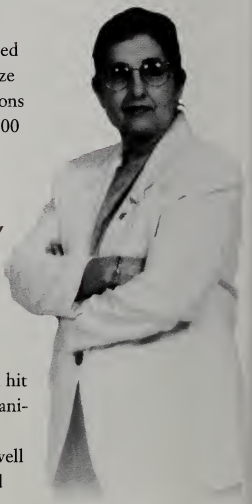
Julius Conner, MD
Polk County Department of Public Health
Des Moines

"The Iowa Medical Society has proven a great resource for educating physicians and patients about public health concerns."
Julius Conner, MD

IMS seeks opportunities to educate physicians and patients about public health concerns. Your membership dues this year have helped pay for a new video that will train mandatory reporters to recognize the signs of dependent adult and child abuse. Physician contributions to the IMS Education Fund helped support the distribution of 7,500 domestic abuse victim education and intervention booklets.

"The Iowa Medical Society brings into focus important public health issues such as consumer access to medical care and quality of care in managed care contracts. IMS also promotes important legislative actions which will impact the health of Iowans."
Rizwan Shah, MD

Concern for public health extends to ensuring that Iowans have access to quality medical care. Before managed care products even hit the Iowa marketplace, the IMS worked with other health care organizations and Iowa insurance companies to create the "Principles of Agreement," a document which protects the rights of patients as well as physicians under managed care. Last year, patients also received the right to choose their physicians thanks to a point-of-service law proposed and supported by the IMS. The new IMS Committee on Public Health takes advantage of the partnership of IMS members to further support public health advocacy activities.



Rizwan Shah, MD
Pediatrician
Blank Children's Hospital
Des Moines

Experience the partnership! Contact Jeanine Freeman at (800) 747-3070 for more information on how you can participate in IMS public health initiatives. Not a member? Contact Sheryal Westbrook at (800) 747-3070 for membership information.

A salute to your IMS Task Force on Strategic Planning

The IMS Task Force on Strategic Planning put in plenty of long hours creating a new IMS.

by Harold Miller, MD

A team of your fellow physicians gave freely of themselves recently to conclude a strategic planning effort for the Iowa Medical Society. I certainly appreciate the significant sacrifices made by the members of the Task Force on Strategic Planning. They spent 12 intellectually challenging yet full work days on the project.

Strategic planning and reorganization is a long and complicated process requiring input not only from the leadership and members of our organization, but also from interested and concerned outside stakeholders. The Task Force on Strategic Planning heard those many voices as they carried out their deliberations.

This group of physicians reached consensus on many issues. They represented disparate medical specialties, different modes and styles of practice as well as various geographic locations. Varied opinions and honest discourse evolved to unanimity of voice on a number of issues, none more important than the espousal of our purpose and values.

This unity of voice created the following statements.

OUR CORE PURPOSE

To assure the highest quality of health care in Iowa through our role as physician and patient advocate.

OUR CORE VALUES

1 The care of patients is the foundation of our profession.

2 The physician-patient partnership is unique and essential for high quality care.

3 The freedom to practice the art and science of medicine professionally is essential.

These statements are more than mere verbiage. Evolving from that source, they represent heartfelt ideals and the spirit of our organization.

I have been proud to be a part of the strategic planning effort which is finishing its work product. All of us who are members of the Iowa Medical Society should be thankful to the Task Force on Strategic Planning and the work done for us. Please feel free to give them your input.

I also urge you to attend the Town Meeting on Strategic Planning at 10 a.m. Saturday, April 18 at the downtown Des Moines Marriott, Des Moines, Iowa. This is your chance to give us your perspective.

Dr. Miller is IMS president and a family physician practicing in Davenport.

FLEX BENEFITS

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Friday April 17 - Sunday April 19

Managed care panel of payers

You have questions?
They have answers.

Friday April 17 – 1-2:30 p.m. – Downtown Des Moines Marriott

Managed care is on the forefront of national and state policy debates. According to a recent survey conducted by the Iowa Medical Society, many Iowa physicians have concerns regarding certain payer policies and procedures. Here's your opportunity to hear from and question the managed care organizations. Our panel will include:

John Deere Health Care, Inc.
Charles Parsons, vice president of operations
Richard Bartsh, MD, executive vice president and chief medical officer

Principal Health Care of Iowa, Inc.
Lou Garcia, executive director

Medicaid
Don Herman, administrator
Harry Gill, MD, program manager

Wellmark Health Plan of Iowa, Inc.
Peter Roberts, president and chief executive officer
Eric Book, MD, senior vice president and chief medical officer

Richard Calkins, JD will facilitate the panel. Calkins has over eight years experience in mediating various disputes from breach of contract cases to disputes between insurance carriers. There will be a question and answer session.

Fax your questions NOW to Cheri Jensen at the IMS at (515) 223-8420 (no cover sheet necessary) to help guide the presentation & question and answer session.

explaining the PHYSICIAN LEADERSHIP *dilemma*

An Iowa physician CEO describes the joys (and sorrows) of managing a group of physicians.

by Timothy Thomsen, MD

Unlike corporate America, an environment where the CEO says "jump" and people ask "how high?," the physician CEO rarely issues a directive which is obediently supported and followed by the physician partners. Rather he or she will find that the group members will be upset, agitated and unsupportive. Physicians want to participate in the decision making process. Appreciating this is critical to understanding physician leadership.

> "The physician CEO rarely issues a directive which is obediently followed by the physician partners."

The crux of the Physician Leadership Dilemma is the decision-making process. All physicians are intelligent and have mastered an information processing method that is highly effective for medical decisions. The method which produces a diagnosis or a decision requires the collation of many kinds of data. In business decisions, physicians naturally resort to their medical decision-making skills. A physician business decision requires large amounts of data presented over a period of time and is often confounded by conflicting fragments of information or opinions of fellow physicians. Most opinions are generated with considerable bias and little valid data. A physician leader must commit incredible time to listen, understand and communicate in order to effectively lead and achieve closure on a decision.

One of the major responsibilities of a physician leader is physician development. All physician leaders should spend at least one hour per physician annually in a private, relaxed conversation. This means spending time with every physician, not simply the ones you know and enjoy. When a physician stops in your office or calls, respond immediately. Rarely do physicians allow themselves the luxury of unstructured one-on-one conversation and you must capitalize on this. Through these conversations the CEO gains knowledge, credibility and indispensability; the physician learns to establish boundaries, resolve conflicts, solve problems and grow personally and professionally.

As the physician leader, you are the only one with the power to take on the tough, thankless physician issues. **Relationships** are your job!

Dr. Thomsen is the president and CEO of the Mason City Clinic. He has served in that role for three years on a full time basis.

changing PARTNERS

Joseph Lohmuller, MD accepted the position of medical director for Genesis Trauma Services.

Don Rotenberg, MD, Robert Savereide, MD and Neil McMahon, MD have joined Covenant Clinic in Waterloo.

Jose Angel, MD accepted the position of medical director for Mercy Central Internal Medicine Clinic, Des Moines.

Call Tina Stoner at the IMS, (515) 223-1401, (800) 747-3070 or email her at kstoner@iowamedicalsociety.org if you have news about physician practice changes.

Managed care survey on COMMISSIONER'S DESK

Results of the managed care survey of Iowa physicians have been turned over to Iowa Insurance Commissioner Therese Vaughan.

The survey, which was answered by over 250 physicians, shows widespread concern over denials of requests for care, late payments, repeated resubmission of claims and other problems.

IMS staff met with Commissioner Vaughan to reiterate concerns voiced in the surveys, asking her to study physician responses. Managed care resolutions passed by the 1997 IMS House of Delegates were also shared with Commissioner Vaughan.

Ms. Vaughan said that managed care is top on her agenda for the year. She has asked Iowa payers to formally respond to questions regarding their policies.

In response to concerns expressed by IMS members in the survey, a special panel of payers has been arranged for the IMS Annual Meeting on Friday, April 17. Physicians may submit questions to the panel prior to the meeting. *(See page 7.)*

The panel of payers will include executive staff from Principal Health Care of Iowa, Inc., John Deere Health Care, Inc., Wellmark Health Plan of Iowa, Inc. and Medicaid.

Also on the managed care front, health care organizations and payers which negotiated the Principles of Agreement for Managed Care recently met to work on the 1998 version of the fluid document. The IMS helped negotiate the Principles two years ago because a gentleman's agreement — if adhered to voluntarily by all parties — was preferable. However, IMS has not ruled out the possibility of other initiatives if the agreement proves ineffective.

Legislators, IMS Board *shed light* on ISSUES

Sen. John Redwine (R-Sioux City), Iowa's only physician lawmaker, says he is "amazed at how much medical business we do in the Legislature," and urges his colleagues to talk with their legislators about health care issues.

"Believe me, they respect your opinions," the Sioux City family physician told the IMS Board of Trustees during a special dinner program with legislators.

Legislators expressed mixed views of the State Children's Health Insurance Program, particularly about expanding Medicaid to cover more children. Some legislators hesitate to commit to the program when "federal funding could dry up at any time."

Most of the legislators said they support SCHIP and feel the program will probably be funded through a public/private partnership.

Rep. Chuck Gipp (R-Decorah) advised the IMS Board to "get more members of your profession" to run for legislative seats.

"Your expertise is needed," he said.

Legislators attending IMS program

- Sen. Mary Kramer **(Senate president)**
- Sen. Stewart Iverson **(Senate majority leader)**
- Sen. Mike Gronstal **(Senate Minority leader)**
- Rep. Chuck Gipp **(representing the House majority)**
- Rep. Dave Schrader **(House minority leader)**
- Sen. John Redwine **(physician legislator)**
- Bob Rafferty **(Governor's chief of staff)**

IMS *active* on a **MENU** of issues

At press time, the Iowa Legislature was nearing the first funnel deadline when bills in committee are considered dead.

MEDICAID REIMBURSEMENT

Great news for physicians is the likely passage — AT LAST! — of an increase in reimbursement. The recommended 2% increase is modest but an improvement over the zero increases since 1990.

MANAGED CARE

Legislation similar to the managed care liability law will be introduced, according to lawmakers. Significant action is not likely this session. IMS continues to work on the regulatory front and to negotiate with the industry itself. *(See page 9.)* Under federal legislation introduced by Rep. Charles Norwood (R-GA), employer-sponsored plans would not be exempt from liability under ERISA.

> "IMS has drafted bill language to lessen legal burdens of reporting spontaneous terminations of pregnancy."

HEPATITIS B VACCINATIONS

Senate File 2177, introduced by Sen. John Redwine (R-Sioux City), requires evidence of hepatitis B immunization prior to the child's entry into school; a study bill on the House side would require evidence prior to entry in secondary grades. The public health goal of these bills is laudable although IMS has questioned the need for a mandate, since 81% of Iowa infants have been immunized. IMS supports public health funds to help parents meet the mandate.

STATE CHILDREN'S HEALTH INSURANCE PROGRAM

IMS has formed a working group including the Iowa Academy of Family Physicians, the Iowa Chapter of the American Academy of Pediatrics, IH & HS, U of I, and Iowa Health Systems/Blank Children's Hospital to thrash out recommendations for SCHIP in Iowa. IMS is meeting with key legislators, regulators and others to collaborate on a final design. If Medicaid is expanded to 133% of poverty, a move not fully supported by legislators, eligible children in that income range could be covered by July 1; SCHIP-eligible children served outside Medicaid likely could not be enrolled until January 1999.

REPORTING OF SPONTANEOUS TERMINATIONS OF PREGNANCY

IMS has drafted bill language to lessen legal burdens of reporting spontaneous terminations of pregnancy. The Department of Public Health (DPH) wants this data for epidemiological purposes.

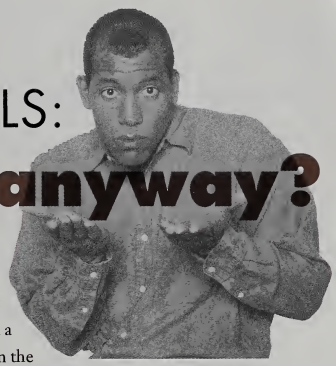
HIV NAME REPORTING

Senate File 2161 requires reporting of positive HIV test results to the DPH by name or unique identifier. Anonymous testing would no longer be available. Contact and notification would be done in the same way as other sexually transmitted diseases. IMS supports this legislation. *(See page 12.)* Over 30 states require HIV-positive reporting by name or identifier.

PRUDENT LAYPERSON STANDARD FOR EMERGENCY SERVICES

Rules have been filed by the commissioner of insurance adopting the prudent layperson standard for emergency services. HMOs are required to pay for emergency services no matter who provides them.

PATIENT CARE DENIALS: who's liable, anyway?



Courts and state legislatures are redefining who is liable when treatment decisions by health plans prove bad for patients.

by Jeanine Freeman, JD

Debates on managed care liability in Congress and state legislatures have spread to the courts.

The Texas "Managed Care Responsibility Act" says health plans must exercise ordinary care when making treatment decisions. Similar legislation likely will be introduced this year in Iowa.

In a landmark California decision, a patient claimed denial of a requested hospital stay resulted in amputation of her leg. The court found no liability, in part because the physician did not appeal the denial.

The same court later said discharge of a patient (denial of continued inpatient stay for a depressed patient who later committed suicide) does not rest solely with the physician and that the plan's decision was a substantial factor in the patient's death.

NO RECOURSE WITH ERISA

Employment Retirement Income Security Act (ERISA) is oft-cited as a barrier to recovery against any employer-sponsored health or welfare benefit plan. A proliferation of ERISA benefit plans has left many employees absent recourse except for limited remedies afforded by federal law.

The answer may turn on defining the nature of utilization review. In a 1992 case involving the death of an unborn child following denial of inpatient care for the mother by an ERISA plan, the court found utilization review to be part and parcel to benefit determinations exempt from state court reach under ERISA. Three years later, though, the Supreme Court poked a hole in the ERISA dike by upholding a state surcharge imposed on ERISA plans, finding that state laws of general applicability are not preempted simply because they also affect ERISA plans. Do state negligence laws affect ERISA plans or do they strike at the heart of benefits administration, a preempted activity?

Legal challenge to the Texas law is asking this question. Recent cases have found that quality of care challenges are not precluded by the ERISA preemption.

FEDERAL LEGISLATION INTRODUCED

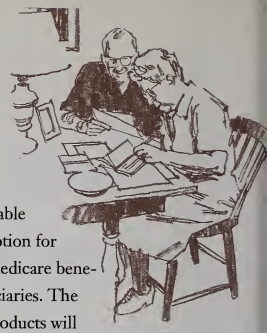
Federal legislation introduced by Rep. Charles Norwood (R-Georgia) would clarify that plan liability is a matter of state law. Employers say the encroachment on the ERISA preemption will increase costs and force them to drop plans, which will hurt employees.

The debate continues.

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society. Information in this column is not intended to be legal advice. Call your attorney with specific questions or concerns.

reimbursement

WELLMARK **to offer** MEDICARE **managed care products**



Wellmark Health Plan of Iowa, Inc. is seeking HCFA approval to sell two Medicare managed care products to Iowa seniors. If approved by HCFA, Wellmark will begin marketing in the fall of 1998.

Wellmark plans to sell two products: 1) a basic product with no premium (and higher member copayments) and 2) a value-added product with prescription drug coverage for a monthly premium.

HCFA requires that Medicare managed care be sold in contiguous counties. Wellmark will begin by marketing to seniors in two targeted geographic areas: 1) Polk, Boone, Dallas and Warren counties and 2) Linn, Cedar, Iowa, Johnson, Jones and Benton counties.

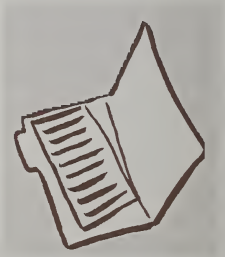
Primary care providers will be paid on a capitation basis and specialists will be paid according to the Medicare fee schedule.

As a health improvement company, Wellmark wants to work closely with physicians and hospitals to provide a viable option for Medicare beneficiaries. The products will focus on prevention and wellness as well as the traditional illness benefits included in Medicare Parts A and B.

As Medicare managed care risk contracting makes an entrance into Iowa, the IMS will work with Wellmark and other experts to educate Iowa physicians and their staff regarding this important contracting decision.

healthy iowans

IMS **supports** **name-specific HIV reports**



Reporting of HIV/AIDS in Iowa was considered at a recent meeting of the Iowa Medical Society's new Committee on Public Health.

The 15-member committee is chaired by Larry Beaty, MD. Representatives of state government and the U of I are observers.

Both the committee and the IMS Board of Trustees have gone on record in support of an amendment to Iowa law that would require name identification for HIV-positive reports to the Department of Public Health.

Heterosexual women whose partners are IV drug users are particularly at risk of contracting AIDS.

According to a widely-reported study published in the *Archives of Internal Medicine* in February, four of every 10 HIV-infected people do not inform sexual partners about their condition. Nearly two-thirds of those don't use a condom.

The effectiveness of treatment augers in favor of early contact and intervention.

The IMS Committee on Public Health believes that HIV/AIDS should be handled in the same way other sexually transmitted diseases are handled.

However, the committee was clear in condemning breaches of confidentiality.

The IMS Committee on Public Health believes HIV/AIDS should be treated the same way other sexually transmitted diseases are treated.

Future vision for the IMS

One Iowa physician summed it up well: "If I can call the IMS and talk to a person who knows me — maybe someone I've seen at a meeting — and that person is supportive and helpful, it makes me feel connected."

The IMS Task Force on Strategic Planning had plenty of feedback as they finalized their recommendations for how the IMS should look and operate in the future. Top on their agenda is increased 'connectedness' between the organization and physician members.

Iowa physicians will have more opportunity for input, more and better opportunities for representation, a clearer role in the policy-making process and more opportunities for top-quality education in the IMS envisioned by the task force.

Representation in the IMS House of Delegates would be based on a "local choice" model through which physicians can organize around their county, their hospital, their group or other demographic.

A group with 15 registered members would get a delegate.

The new IMS would be governed by a 15-member Board of Trustees which would include six district directors, six at-large directors and three officers. The Board would meet (and accept policy resolutions) four times per year.

The final report of the Task Force on Strategic Planning is available by calling Chris McMahon at the IMS, (800) 747-3070 or by visiting the IMS web site: **iowamedicalsociety.org.**

Exercise **YOUR**

First Amendment rights

Be part of the IMS democracy!

How?
Strategic Planning Town Meeting
When?
Saturday, April 18, 10 a.m.
Where?
Downtown Des Moines Marriott, Des Moines.

DECEASED MEMBERS

ROBERT JONGEWAARD, MD, 75, life member, family practice and general surgery, Wesley, June 1997.

ACHILLE PANDULLO, MD, 70, active member, general practice and internal medicine, West Des Moines, November 4, 1997.

ELLEN ANSPACH, MD, 87, life member, family practice, Mitchellville, November 11, 1997.

ROBERT HOFFMANN, MD, 79, life member, general surgeon, Des Moines, November 30, 1997.

ROBERT YOUNGMANN, MD, 88, life member, family practice, Cedar Rapids, January 10, 1998.

GORDON FLYNN, MD, 74, emeritus member, family practice, Davenport, January 14, 1998.

distinctions & AWARDS

BERY ENGEBRETSEN, MD was recognized as a 1997 American College of Physician Executive Management Scholar.

RONALD ROTH, MD and **JOHN BRUNKHORST, MD** were recently honored for longtime membership in the American Academy of Family Physicians.

KATHLEEN SILVAN, DO was accepted as a fellow to the American Academy of Family Physicians and received the Physicians' Recognition Award.

MARY ANN ABRAMS, MD and Ritaann Carpenter will head up Des Moines Mercy Hospital's new Women's Services Program.

CHRISTOPHER BLODI, MD was selected as the new Councillor representing Iowa in the American Academy of Ophthalmology.

Year 2000

Are your computers **READY?**

Most people are aware that computers are not ready for the year 2000. Some computers will register the year 2000 as 1900. What are you doing to prepare your practice for the millennium?

The obvious computer requiring immediate fix is the one used for billing, scheduling, electronic medical records and financial records. If you haven't already done so, you should contact the vendor who sold you the software ASAP to determine if it is compatible for the year 2000.

But this is only one of many computers in your office. Technology has made it very easy to put calendars and clocks in most electronic equipment. Be sure to check your lab equipment, which often stamps the date and time on reports, particularly if the equipment interfaces with the hospital's computer system. The same applies to radiology equipment.

Other equipment that should be investigated includes time clocks; accounting software for general ledgers, accounts payable and payroll; electronic billing software, etc.

Take time to critically look at your equipment and software to ensure everything is ready for the year 2000. These are not quick fixes. Some have even speculated that many lawsuits will arise between business partners if one party has not conscientiously addressed this issue.

For more information, contact Ed Whitver of the IMS at (800) 747-3070.

online **telemedicine** intro

National Laboratory for the Study of Telemedicine: *telemed.medadmin.uiowa.edu*

National Library of Medicine: *www.nlm.nih.gov*

University of Michigan Health System: *www.med.umich.edu/telemedicine*

For a quick introduction to telemedicine, take a look at the National Laboratory for the Study of Telemedicine web site from the University of Iowa College of Medicine. The site describes telemedicine as the electronic transmission of medical information and services (data, video) from one site to another using telecommunication technologies.

But a definition of telemedicine is not all you'll find at this site. This site covers the benefits of telemedicine to a rural state such as Iowa, describes several pilot projects in Iowa and links you to other sites about telemedicine.

Among its links is the National Library of Medicine, the project's source of funding. The NLM is funding 18 other projects exploring uses of telemedicine. You'll find summaries and links to these projects at the NLM web site.

For the real world implications of telemedicine, check out the University of Michigan Health System's web site. Under its telemedicine section, the site covers equipment costs, legal implications and reimbursement issues of telemedicine.

at risk

PROOFREADING: Was it *66 mg.* or *660 mg.*?

Many physicians say they are too busy to proofread their dictation and frequently use a "dictated but not read" stamp. They believe this will protect them from liability. In reality, this is a dangerous practice and emphasizes for a plaintiff's attorney that the dictation was not read.

Inaccuracies in dictation can make some cases indefensible. For example, a patient alleged a physician failed to reduce a dislocated finger joint, claiming the wrong joint was worked on. The physician was certain that the dislocation was appropriately treated, but in reviewing the dictation, realized that the wrong joint was identified throughout the treatment notes. The transcriptionist had typed "DIP" instead of "PIP" supporting the claim that the wrong joint was treated.

One of the most important reasons to review your dictation is to prevent patient injuries. In one case, a physician dictated a prescription for Methotrexate and the dosage was transcribed as 660 mg. instead of 66 mg. The patient nearly died of an overdose. Another physician who failed to catch the "left" versus "right" mistake in his dictation operated on the wrong kidney.

Although reviewing dictation may seem a daunting task, the extra minutes may prevent patient injuries and malpractice litigation.

This column is provided by Midwest Medical Insurance Company especially for Iowa Physician. For more information, call Lori Atkinson, MMIC risk management supervisor, at (800) 798-9870 or (515) 223-1482.

how we learn

LEARNING from the PAST

The value of learning from the past generates a certain cynicism in our time. Our troubled history as a nation suggests to some people that reliance on previous decisions may only lead to continuing turmoil.

In medicine, we are trained to develop our understanding of disease in increments. Occasionally the advance of science creates a large increment of progress — but the new almost always builds on the old.

This past year a team of scientists demonstrated this principle in a highly publicized quest to recover viral material from victims of the 1918 influenza epidemic. They extracted body tissue from the corpses of individuals interred in the Alaska permafrost for almost 80 years! They hoped that the genetic analysis of that material may cast light on the virulence of modern influenza strains.

Technology has enabled these present-day sleuths to proceed… relying on past events to teach.

This column is written by Dr. Richard Nelson, associate dean, University of Iowa College of Medicine.

Is Medicare *running* out of time?

Rep. Greg Ganske has gotten himself involved in a very hot issue...and he did it deliberately.

by Chris McMahon

Rep. Greg Ganske (R-Iowa) was persistent, and it paid off.

In December, Ganske, a Des Moines surgeon serving his second term in Congress, scored an appointment to the National Bipartisan Commission on the Future of Medicare. The commission's charge is simple — save the Medicare program.

"The Balanced Budget Act of 1997 makes Medicare solvent for another decade but the clock is ticking," comments Ganske. "In about 10 years, the first of the baby boomers will enter the program. That's when time to save the program runs out."

Ganske is one of two physicians on the Commission; the other is Sen. Bill Frist (R-Tennessee). Seats on the Commission were highly coveted, and Ganske worked hard to be chosen.

"When I ran for Congress, several issues were top priorities on my agenda. Medicare is one of those issues," he explains. "The Commission is charged with making Medicare solvent, and I want to be part of that effort."

In addition to examining the financial health of Medicare, the Commission is also charged with making

National Bipartisan Commission on the FUTURE of MEDICARE

Appointed by President Clinton
Stuart Altman, professor of health policy, Brandeis University
Laura D'Andrea Tyson, chair, National Economic Council
Bruce Vladeck, former HCFA administrator under President Clinton
Anthony Watson, chair, Health Insurance Plan of Greater New York

Appointed by House Minority Leader Gephardt
Rep. John Dingell, D-Michigan
Rep. Jim McDermott, D-Washington

Appointed by Senate Minority Leader Daschle
Sen. Bob Kerrey, D-Nebraska
Sen. John Rockefeller IV, D-West Virginia

Appointed by the President, Senator Lott and Speaker Gingrich.
Sen. John Breauz, D-Louisiana

Appointed by House Speaker Gingrich
Rep. Michael Bilirakis, R-Florida
Rep. Greg Ganske, R-Iowa
Rep. Bill Thomas, R-California
Samuel Howard, chair, Phoenix Healthcare Corporation of Nashville

Appointed by Senate Majority Leader Lott
Sen. Bill Frist, R-Tennessee
Sen. Phil Gramm, R-Texas
Deborah Stellman, health policy specialist for Ronald Reagan
Illene Gordon, member, Sen. Lott's staff

recommendations regarding covered benefits and beneficiary contributions.

Some trial balloons regarding solutions such as means testing for beneficiaries or increases in the Medicare tax have been met with staunch opposition from various groups.

President Clinton added another wrinkle when he proposed letting people under age 65 buy into the Medicare program. Sen. Phil Gramm (R-Texas), also a member of the Bipartisan Commission, likened this to "inviting more passengers aboard the Titanic," though the President asserts that his proposal is budget-neutral.

Ganske realizes he's involved in a very hot issue. In fact, the issues of Medicare and Social Security have been called the Third Rail for politicians.

A daunting number of controversial issues have been assigned to the Commission (*See box this page.*) and others may arise. For example, it seems inevitable the Commission will confront the issue of physician supply when graduate medical education funding is addressed.

"Let's face it. If these were easy issues to solve, someone would have solved them by now," comments Ganske, who has said he will exhaust every possible option before considering another tax hike to fund Medicare.

Historically, congressional commissions which are appointed to address thorny topics don't have an impressive track record of success. Ganske is making no promises beyond a pledge to try his best to solve Medicare's woes.

"The Commission starts meeting in early March, and I'm eager to get going," says Ganske.

The Commission is charged with making recommendations by March 1, 1999. Congressional commissions also don't have a history of meeting deadlines, but one of Ganske's staff members predicts he will be just as tenacious in meeting the deadline as he was in his efforts to get appointed to the Commission in the first place.

Tasks facing the National Bipartisan Commission on the Future of Medicare

- Review and analyze the long-term financial condition of the Medicare program
- Identify threats to the financial integrity of the Federal Hospital Insurance Trust Fund
- Make recommendations to ensure the solvency of the Medicare program
- Make recommendations for establishing appropriate balance of benefits covered and beneficiary contributions
- Make recommendations regarding financing of graduate medical education, including consideration of alternative broad-based sources of funding
- Make recommendations on modifying age-based eligibility to correspond to changes in age-based eligibility under the OASDI program and on the feasibility of allowing individuals to buy into Medicare at age 62
- Make recommendations on the impact of chronic disease and disability trends on future costs and quality of services

> "If these were easy issues to solve, someone would have solved them by now."

Chris McMahon is vice president of communications for the Iowa Medical Society.

special feature

pharmacists take a SHOT at Medicaid reimbursement

The Iowa Medical Society is stating its opposition to proposed rulemaking that would give pharmacists Medicaid reimbursement for immunizations.

Don Herman, administrator of the Iowa Department of Human Services (DHS), asked IMS to comment on the pharmacists' proposal. The IMS consulted with physician members including pediatricians, other physician organizations, the IMS Legislative Committee and representatives of the Iowa Pharmacists Association. The result was a letter to Mr. Herman expressing opposition and asking that the rulemaking process not proceed.

"The Iowa Medical Society recognizes the critical role pharmacists have played in patient care," said the letter. "However, pharmacists have not administered immunizations in the regular course of their practices nor, in most cases, have pharmacists been trained in this area."

> "Administering vaccinations is more than a technical act. The patient's health must be evaluated and reactions monitored."

REQUEST TOO BROAD

The letter cited the "wide-open nature of the request" for rulemaking as the key basis for IMS opposition. The requested rule is broadly stated: to reimburse pharmacists for administration of immunizations. No limitations are described.

The IMS raised a number of questions regarding training for pharmacists giving immunizations, how patients will know the pharmacist has received the training, quality standards, communication between the pharmacist and the patient's regular physician and what pharmacists will do if the patient has a negative reaction to an immunization.

FRAGMENTATION OF CARE

IMS is also very concerned about the potential for fragmentation of medical care.

"The IMS strongly believes patients are best served by coordinated, comprehensive health care services. Administering vaccinations is more than a technical act. The patient's health must be evaluated, quality controls in place and the reactions monitored."

IMS believes the proposed rulemaking is premature.

"The Department has been asked to sanction, through reimbursement, a practice act prior to effective addressing of the appropriateness of the practice or the parameters under which such act can occur," stated the IMS letter.

SCOPE OF PRACTICE ISSUE

At the crux of the argument is the pharmacists' contention that administration of vaccines already falls within their scope of practice. The IMS argues that the code does not grant the broad authority pharmacists want.

In his reply to the IMS statement, Don Herman said the IMS has raised "appropriate" questions and that the DHS is confining its review "to Medicare policy and its applicability to the adult Medicaid population."

This article contains excerpts from a letter written by Jeanine Freeman, IMS vice president for public policy and advocacy. Any IMS member may get a copy of the entire letter by calling Cheryl Peers at the IMS, (515) 223-1401 or (800) 747-3070 or by visiting the IMS web site: **iowamedicalsociety.org.**

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APRIL 17-18, 1998

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The University of Iowa College of Medicine
Iowa City, Iowa

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Iowa Health Systems
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Iowa City, Iowa

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"Peripheral Vascular Trauma"
"Prioritization of Operations in Trauma Care"
"Missed Injuries/Role of Tertiary Surbey"
"Update on Pelvic Fractures"
"Pancreatic and Duodenal Trauma"
"From Resection to Transplant: Management of Liver Trauma"
"Management of Shock/Hypotensive Resuscitation"
"Evaluation of Abdominal Trauma"
"Intra-abdominal Compartment Syndrome"
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ACCREDITATION

Iowa Methodist Medical Center is accredited by the Iowa Medical Society to sponsor continuing medical education for physicians.

Iowa Methodist Medical Center designates this educational activity for a maximum of 9.0 hours (Friday, April 17) in category 1 credit toward the AMA Physicians Recognition Award. Each physician should claim only those hours of credit actually spent in this educational activity. Hours of credit for Saturday, April 18 TBA.

COST

Physician Fee $150.00
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CONTACT

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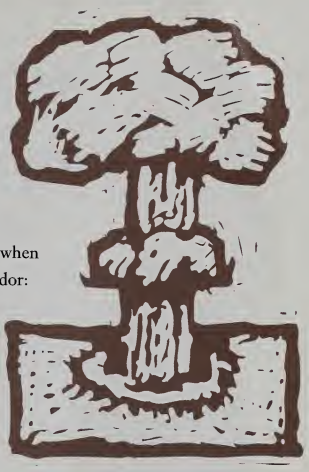
A Technological Meltdown could be the end...



If you can't recover from a technology crisis in 10 days, you could go out of business.

According to a recent study in *Information Week*, the chances of an organization having a software systems disaster are 1 in 100.

Hardware and software crashes are more likely than fires or floods and just as devastating. Does your practice have a disaster recovery team to contain the problem?

IMPLEMENTING A TEAM

1. Once the team of critical employees has been selected and responsibilities assigned, an off-site command center should be selected. The command center is a centralized place for the recovery operation with no concerns about access, power supply and phone lines.

2. Prepare a comprehensive list of vendor contacts. This master list should represent the best available outside expertise.

3. Perform regular, thorough equipment maintenance.

BACKING UP YOUR SYSTEMS

It is absolutely necessary to perform regular back-ups, preferably on a daily basis. The back-up should always be housed at an off-site location. The disaster recovery team should be regularly challenged to practice restoration of data. Many systems have nuances as to how data is loaded.

CHOOSE VENDORS CAREFULLY

Your software and hardware vendors must be able to respond effectively to the crisis. Keep these questions in mind when choosing your vendor: How substantial is your vendor? Do they have a number of installations of the system you are considering? Do you have a customized system? If so, there may be limited vendors who are familiar with your version.

Is your vendor committed to full-scale support of the software they sold you? Do they have a trained, full-time support staff or is support a part-time job for their staff members? A reputable vendor will have resources to assist you in a crisis.

Information gathered from Contingency Planning: Prepare Now for Possible Systems Disasters *by Eugene Hoekendorf guest writer for* Group Practice Journal *— November/December 1997 pages 38-40.*

Des Moines practice faces COMPUTER CRISIS

In September 1997, Central Iowa Oncology and Hematology in Des Moines experienced a disaster — a crash of its hard drive. Martha Owen, business manager, was prepared, "We back-up daily in case of a system disaster and remove the back-up to an off-site location on a weekly basis."

Owen also experienced, as this article suggests, "nuances as to how data is loaded." The new hard drive had to be partitioned identically to the previous hard drive to restore her back-up. Again, Owen was prepared with a back-up of the original set-up. This proves the value of backing-up and practicing a recovery to find those nuances.

As a result of this technology crisis, the practice has purchased two hard disk drives with separate information. "This strategy assures that I will not lose everything in the event of another disk drive crash." Finally, Owen suggests insurance for technology disasters. Owen was pleasantly surprised at the insurance policy cost for protecting the practice from equipment costs and lost time.

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"After the sale, it's the SERVICE that counts"

the *secret* of **Low-Load** *life insurance*

Be sure to understand all your options when you buy life insurance.

by Jerry Foster

In the process of financial planning, most likely you will identify the need for some life insurance to liquidate debt, maintain continuity of lifestyle for your family or ensure the proper distribution of assets for heirs.

What kind of insurance is appropriate? Term insurance covers shorter term needs like debt reduction.

A WELL-KEPT SECRET

However, longer term needs like lifestyle protection may need permanent protection like whole, universal or variable life.

No matter what kind of insurance is needed, consideration should be given to a well-kept secret that's been around for over 10 years — low load life insurance.

Every life insurance policy carries loads. Loads are fees for expenses to maintain a policy, mortality charges and sales commissions.

One of the biggest loads on a life insurance policy is the cost of acquiring you as a customer — the cost of brochures, mailings, telemarketing, advertising and agent commissions.

PURCHASED DIRECTLY

Low-load insurance has been a well-kept secret because it's a policy that can only be purchased directly from an insurance company or a fee-only advisor. The insurer pays no sales fees to anyone. With no agents to pay, an insurer can make the same profit on a low-load policy as on a traditional one while charging you less.

An important benefit of a low-load policy is that you get a higher immediate cash surrender value, which provides greater flexibility if your needs change. Higher cash value on your policy means the magic of compounding works for you sooner.

Traditional policies can't always be ruled out because there are times when they are the best solution. The key to planning is understanding all options and selecting the best product to meet your objectives and provide for your family.

Jerry Foster is the CEO of Foster Capital Management, a fee-only financial planning and investment management company located at IMS headquarters, (800) 798-1012.

HONORING Iowa PHYSICIANS

This article was written by Cindy Ehrecke, IMSA president

Doctor's Day has been celebrated by medical alliances and hospitals across this country for the past 65 years. In 1933, the first Doctor's Day was planned to honor Dr. Crawford Long, the first physician to use ether to perform painless surgery. March 30 is the day set aside to honor this nation's physicians.

In Iowa, the IMS Alliance has chosen to honor our doctors by requesting that Governor Branstad sign a proclamation declaring March 30 as Doctor's Day. The IMS Alliance also coordinates statewide distribution of tray liners which will be used by hospitals and nursing homes to alert patients to the significance of the day. Individual county medical alliances have planned additional events — blood drives, variety shows and donations to AMA-ERF — to honor the physicians in their area.

Our hats go off to you — the physicians of Iowa. **Happy Doctor's Day!**

◆ To help us plan for our October Retreat for Women Physicians, we surveyed women physicians across Iowa. Read about their choices for the retreat program.

◆ Over 200 physicians answered our fax survey on recommendations of the IMS Task Force on Strategic Planning. Check out this response report.

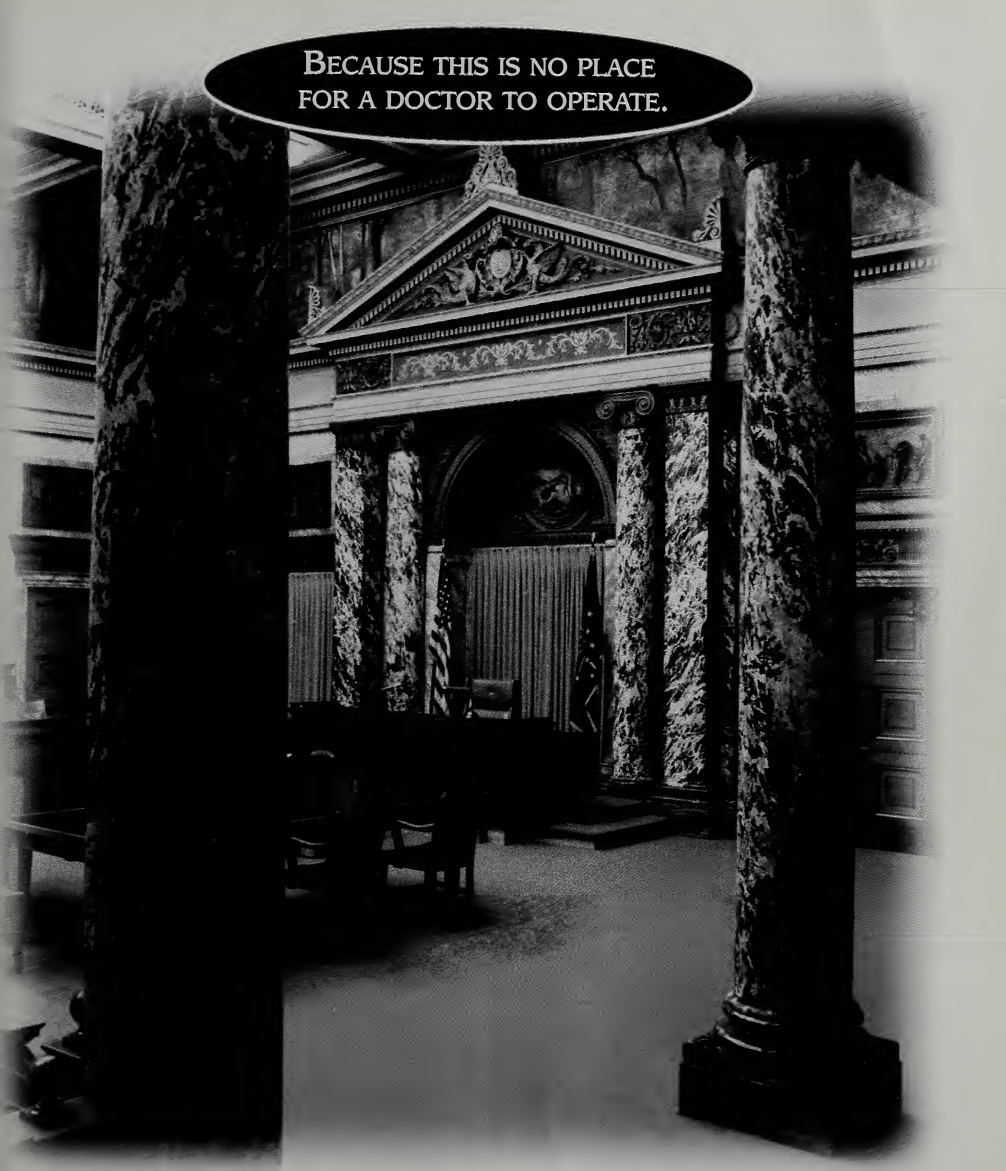
◆ What's the latest news from the University of Iowa College of Medicine? Read the special feature on developments in medical education.

◆ In a recent presentation to the IMS Executive Council, Roger Tracy of the University of Iowa College of Medicine presented some startling statistics about physician supply in Iowa.

◆ By late April, the legislature will be winding down for the year. Read about the outcome of IMS initiatives and other issues of interest to physicians.

Watch your mail for *A New Vision...*

The IMS Annual Meeting: A New Vision will be April 17-19 at the downtown Des Moines Marriott. Watch your mail for the upcoming program and registration information. It will be a weekend packed with technological advances in medicine, a town meeting on strategic planning, a panel of payers and much more!



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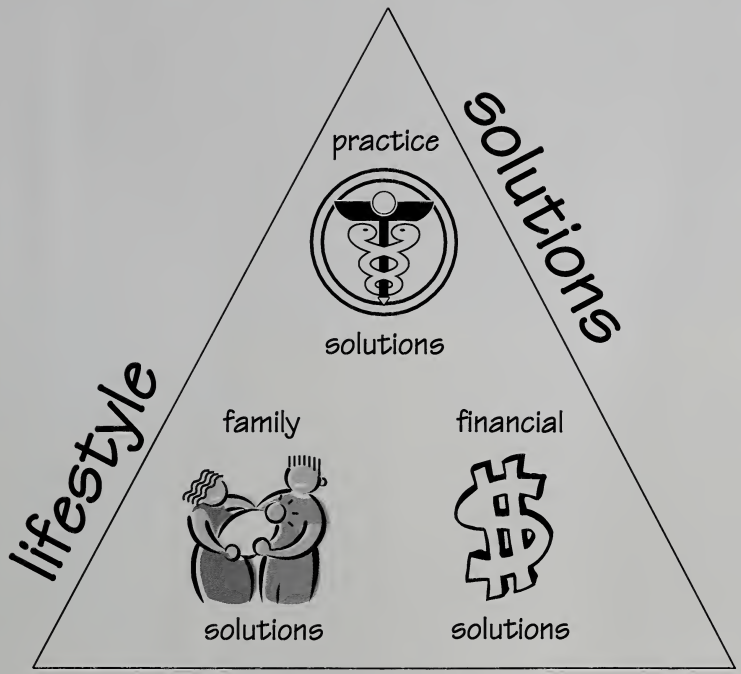

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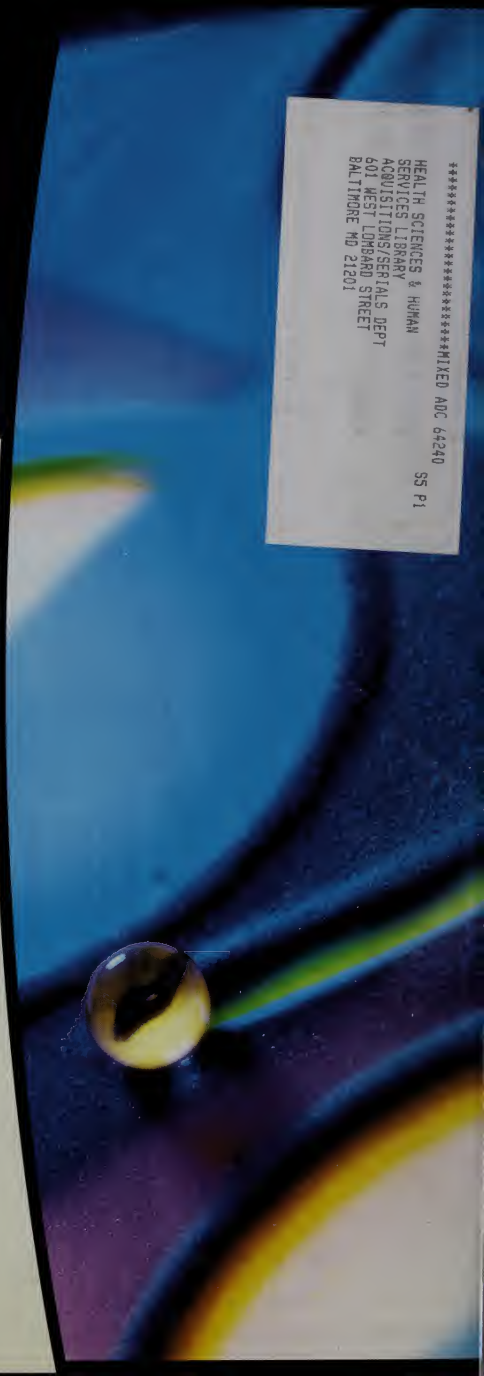

Iowa Medicine

May/June 1998 *An Iowa Medical Society publication*

Medical musical chairs:

Physician supply in Iowa is on the rise and job opportunities are declining — page 16

"We Thought Mom Needed a Nursing Home"....

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Iowa Medicine

Published by the Iowa Medical Society

May/June 1998 Vol. 88/3

This month's feature:

16 ***The latest data show that physician supply could become a very big issue in Iowa in the near future.***

REGULARS

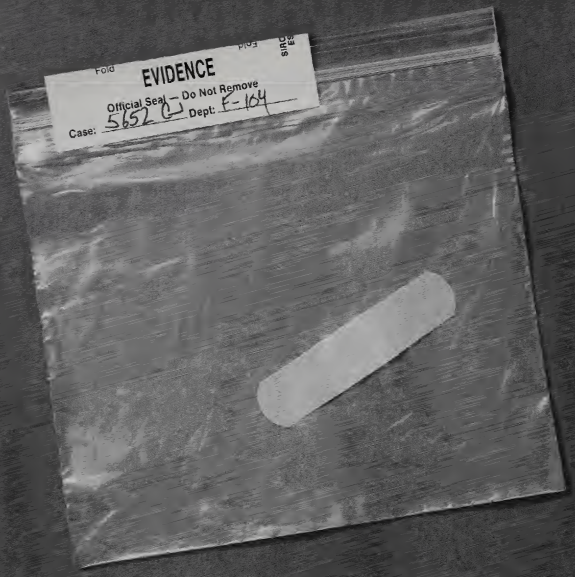

exhibit A:

Adhesive bandage, which plaintiff alleges defendant pulled rapidly from skin, violently tearing three hairs from plaintiff's arm, which resulted in severe shock, trauma, disfigurement, chronic debilitating pain and permanent psychological damage.

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Will we avoid the ICEBERGS ahead?

Leaving office proudly and with great happiness, Dr. Harold Miller gives credit where credit is due.

by Harold Miller, MD

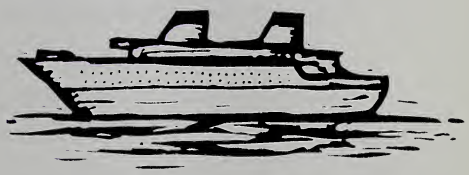
This is my last column as president of the Iowa Medical Society. I would prefer to be known as a person who delegated well, allowed others to accomplish goals and encouraged others to daydream and to consider a variety of views and new alternatives to solving problems. I would most of all like to give credit to those who worked so hard to make me look good in accomplishing some of their goals.

I leave office very proud of your medical society. I am certain that those who follow me will work diligently and thoroughly in completing their tasks. The society will be in strong hands. The younger members of our profession who have sought and received leadership positions deserve your support. Their actions and accomplishments bring honor to our entire profession.

The profession of medicine, like the Titanic, is well structured and large in size. Also like that great ship, we have an experienced and well trained crew. It is captained by those who have gained the wisdom only years at the helm can deliver.

Yet, as we head into the icy waters before us, will we be handicapped by our massive size and unable to maneuver well? Or will we be unable to change course easily because we lack adequate rudder? Will we lack the foresight to recognize the icebergs?

Indeed, there will be many icebergs that lie ahead. And we all remain passengers on this ship, the profession which we care about so very much. There are far too few lifeboats, if any.



Hugh R.K. Barber, MD recently wrote that "the present health care system was founded on taxes, charity and devoted volunteers, but now it is being over-run by major corporations that are rich in resources but bankrupt in morals and ethics." He also asked why HMOs and insurance companies are so responsive to Wall Street and so indifferent to Main Street.

We must seek our friends with care and choose our enemies without temerity and with even more care. And to quote from a former AMA leader, "When we do circle the wagons, remember to shoot out."

Dr. Miller is IMS president and a family physician practicing in Davenport.

STOP, LOOK, AND LISTEN!

We're conditioned from childhood to STOP, LOOK AND LISTEN!!

This old railroad slogan is big
Around our shop, since we've got a room or two of model trains.
Come and see them if you get a chance.

So what does STOP, LOOK AND LISTEN mean to you and all of us?

STOP!

We all need to
Stop and review our and your critical insurance protection,
At least annually.
Are they secure and cost effective in today's uncertain market?

LOOK!

We need to
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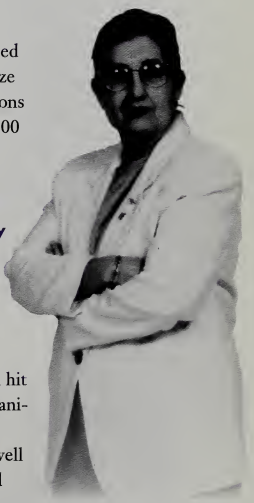
Julius Conner, MD
Polk County Department of Public Health
Des Moines

"The Iowa Medical Society has proven a great resource for educating physicians and patients about public health concerns."
Julius Conner, MD

IMS seeks opportunities to educate physicians and patients about public health concerns. Your membership dues this year have helped pay for a new video that will train mandatory reporters to recognize the signs of dependent adult and child abuse. Physician contributions to the IMS Education Fund helped support the distribution of 7,500 domestic abuse victim education and intervention booklets.

"The Iowa Medical Society brings into focus important public health issues such as consumer access to medical care and quality of care in managed care contracts. IMS also promotes important legislative actions which will impact the health of Iowans."
Rizwan Shah, MD

Concern for public health extends to ensuring that Iowans have access to quality medical care. Before managed care products even hit the Iowa marketplace, the IMS worked with other health care organizations and Iowa insurance companies to create the "Principles of Agreement," a document which protects the rights of patients as well as physicians under managed care. Last year, patients also received the right to choose their physicians thanks to a point-of-service law proposed and supported by the IMS. The new IMS Committee on Public Health takes advantage of the partnership of IMS members to further support public health advocacy activities.



Rizwan Shah, MD
Pediatrician
Blank Children's Hospital
Des Moines

Experience the partnership! Contact Jeanine Freeman at (800) 747-3070 for more information on how you can participate in IMS public health initiatives. Not a member? Contact Sheryal Westbrook at (800) 747-3070 for membership information.

CITIZEN GROUP releases "SECRET" list

Iowa ranks third in the nation in the number of serious disciplinary actions against physicians according to "Questionable Doctors: 1998 Edition". The book was recently released by Dr. Sidney Wolfe's public citizen health research group. While the book's foreword says information on doctors who have been disciplined is often "kept secret from patients," the book actually contains information available to the public through state medical boards. In Iowa, major newspapers including the *Des Moines Register* regularly publish names of doctors disciplined by the BME. Iowa's third place discipline ranking — an average 8.57 serious actions per 1,000 physicians — earned a "best state" designation from Dr. Wolfe's group.

CMA studies union feasibility

The California Medical Association (CMA) House of Delegates has voted to conduct a feasibility study of creating a union subsidiary to bargain collectively for state government-employed physicians and residents. The CMA board was scheduled to vote on the proposal to create a guild in May. (*New York Times*, February 22, 1998) Market Trends.

changing PARTNERS

Stephen Gleason, DO is the new vice president for medical affairs of Catholic Health Initiatives for the Central Midwest Region.

Rick Turner, MD, Des Moines, was appointed chief medical officer of Mercy Clinics.

Valerie Bonnet, MD relocated her practice to Maternal Health Center, Bettendorf, Iowa.

Surgeon **Willie McClairen, Jr., MD** is the new medical director for Mercy Trauma Services.

Lisa Veach, MD recently assumed responsibilities as 1998 medical staff president at Iowa Methodist Medical Center.

Contact Tina Stoner at the IMS, (515) 223-1401, (800) 747-3070 or by email at kstoner@iowamedicalsociety.org if you have news about physician practice changes.

MBS graduates

Congratulations to the following graduates of the IMS Medical Business Specialist program: Sandra Nicholson, Iowa Heart Center; Danette Pease, Wolfe Clinic, West Des Moines; Robin Aaronson, Bradley DeWall, Davenport; Maralee Dyson, UIHC-Department of Neurology, Iowa City; Janell Behnke, UIHC-Department of Neurology, Iowa City.

IMS House of Delegates **SAYS YES** to new IMS vision

The IMS House of Delegates said yes to a new vision for IMS.

The plan, created by a 16-member task force, revamps the organization so it is better prepared to meet the needs of today's physicians. It won overwhelming approval from delegates attending the IMS Annual Meeting April 18–19.

IMS governance structure will be revamped to be more accessible, responsive and supportive of informed decision-making. A new core mission and values will be the foundation for IMS activities.

The IMS Judicial Council and Executive Council will be phased out in 1999 and a new Board of Directors created. The 15-member board will include six geographic representatives and three officers. Statewide elections will be held to fill the remaining six seats, with candidates chosen by a nominating committee. The committee will be charged with choosing candidates based on expertise, interests and demographics other than geography.

Beginning in 1999, physicians will be able to elect how they are represented in the IMS House of Delegates.

Physicians at the April Annual Meeting directed the current board of trustees to create a committee to study various modes of representation.

The plan also calls for financial deunification of the IMS and county societies following a three-year phase in.

A new IMS clinic administrators section will be created for clinic executives of practices which have 80 percent IMS membership.

> "Financial deunification of the IMS and county medical societies will occur in three years."

IMS E&M advocacy RECOGNIZED NATIONALLY

The American Medical Association (AMA) invited IMS to be one of 12 state medical societies to participate in a new committee on E&M coding.

IMS became heavily involved in member advocacy in 1996 when Iowa physicians began experiencing a comparatively intense level of Medicare audit activity. Last December, the IMS delegation introduced a resolution at the AMA House of Delegates which dealt with physician rights when audited.

The focus of the advisory committee will be input on correcting the E&M coding guidelines and education efforts for physicians.

"This invitation demonstrates that IMS efforts on behalf of its members have come to the attention of organized medicine nationally," commented Harold Miller, MD, IMS president. "For a small state such as Iowa to be included recognizes the quality of our advocacy efforts."

Other states included on the AMA committee include Florida, Texas, New York, California and Pennsylvania.

Two physicians will represent IMS on the advisory committee — Michael Guffy, MD of Ames and John Brinkman, MD of Mason City. Last year, Dr. Brinkman, incoming IMS president, was appointed by the IMS Board to head up IMS Medicare advocacy efforts. (See page 21 for more news about IMS Medicare advocacy.)

As the gavel *falls*

IMS **prepares** for 1999

The gavel has fallen on the 1998 session of the Iowa General Assembly. How did issues of interest to the house of medicine fare this year?

For the first time since 1990, a two percent increase in Medicaid reimbursement for physicians was approved. Early lobbying by IMS assured executive branch and legislative support. The Department of Human Services (DHS) must study the adequacy of Medicaid reimbursement rates for physicians and report to the legislature in January 1999.

An exciting achievement for the medical community was passage of legislative authorization for implementation of Title XXI, the state children's health insurance program (SCHIP) in Iowa. House File 2517 created the Healthy and Well Kids in Iowa (HAWK-I) program, governed by a seven-person board and administered by the DHS. An IMS working group of physicians from the Iowa Academy of Family Physicians, the American Academy of Pediatrics–Iowa Chapter, the University of Iowa and Blank Children's Hospital met weekly throughout the session and effectively advocated for passage of this bill.

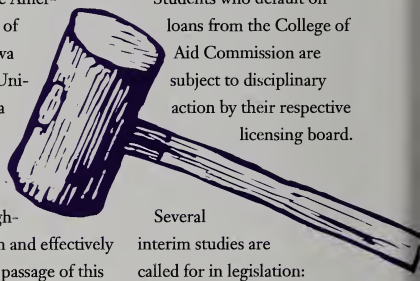
An IMS bill to assure reimbursement to county medical examiners regardless of the deceased's county of residence passed and has been signed by the governor.

IMS amendments to lighten the current burden for reporting spontaneous terminations of pregnancy met with considerable resistance; legislative leaders, however, understand that IMS will pursue this issue in 1999.

The physician lien bill, opposed by the trial bar, failed to come out of Senate Judiciary Committee.

An exemption for Iowa nonprofit hospitals from payment of sales tax on sales and services to be used in hospital operations passed. The 1998 IMS House of Delegates directed the IMS board to study the feasibility of a physician sales tax exemption.

Students who default on loans from the College of Aid Commission are subject to disciplinary action by their respective licensing board.



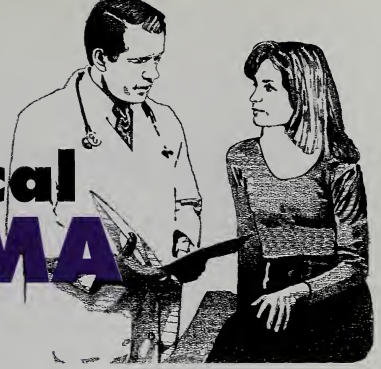
Several interim studies are called for in legislation: decentralization of the Iowa Indigent Patient Care (State Papers) program and review of Medicaid prior authorization and drug utilization review systems.

And what about next year? The 1998 House of Delegates directed IMS legislative attention to managed care issues, particularly creation of a statutory duty of care for managed care health plans; change in Iowa's HIV testing requirements to minimize the current burdens of informed consent and to treat HIV like other sexually transmitted diseases; and repeal Iowa's certificate of need law.

Plans for 1999

- To create a statutory duty of care for managed care health plans
- To alter Iowa's HIV testing requirements to minimize the current burdens of informed consent and to treat HIV like other sexually transmitted diseases
- To repeal Iowa's certificate of need law

MINORS: a medical care DILEMMA



Who calls the shots when minors seek abortions or treatment for mental illness or STDs?

by Jeanine Freeman, JD

Physicians face many issues in providing care to minors. AMA policy advises physicians, within the bounds of the law, to promote autonomy of minors, but encourage parental involvement.

The law has long recognized the right and duty of parents to control the medical care of their children. Generally minors should not be treated without their parents' consent; however, the minor's best interests control the treatment.

In Iowa, a minor is defined as a person under the age of 18, married or living independently.

If a pregnant minor is seeking an abortion, Iowa's parental notification law must be consulted. If the minor is seeking ongoing prenatal care, parental involvement should be encouraged, but if refused, confidential care should be provided. At birth, the mother then directs the infant's care, but if the physician believes she is incapable, parental, social service or court involvement must be considered.

In Iowa, minors by law may consent to treatment for substance abuse; for venereal disease, AIDS, and other sexually transmitted diseases including contraceptive services; and for mental illness. Positive HIV results must be reported to the minor's legal guardian, unless there is an exception.

Emergency care can be provided without consent when the patient is unable to consent and no other person who can consent is available. If parents authorize someone to consent for their child's care in their absence, authorization should be in writing, provided to the physician by the parents and relied upon only for routine or emergency care. Reasonable effort should be made to contact the parents.

Unless a divorce decree or other court order directs otherwise, parents enjoy equal rights and responsibilities for the medical care of their children. When parents disagree, further counseling is advised and intervention may be required.

Parental refusal of medical care for their children on religious grounds poses sensitive legal interests that must be balanced. Iowa case law supports intervention on behalf of the child whose care is compromised. By statute, a parent may execute an affidavit to refuse mandated childhood immunizations on religious grounds. Parents who refuse medical care for their child based solely on religious beliefs are not guilty of child abuse, but a court may order the medical care.

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society. Information in this column is not intended to be legal advice. Call your attorney with specific questions or concerns.

reimbursement

HCFA moves ahead with increased NP/PA reimbursement

Effective January 1, the Balanced Budget Act allowed for increased reimbursement and removal of site restrictions for nurse practitioners, clinical nurse specialists and physician assistants.

Carriers have been instructed to begin issuing NP/CNS/PA provider numbers "on a priority basis in the most expeditious manner possible." Regardless of the setting, NPs, CNSs and PAs will receive reimbursement at 85 percent of the physician fee schedule.

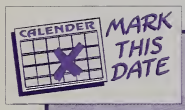
The implementing instructions made it clear that these provider types can continue to bill "incident to" a physician receiving 100 percent of the physician fee schedule. However, HCFA is considering policy changes that will decrease "incident to" reimbursement to 85 percent.

Points to consider

1 Payment differential: "Incident to" services are paid at 100 percent of the fee schedule while NP/CNS/PA direct billing is paid at 85 percent.

2 If you choose "incident to" and 100 percent reimbursement, is your office 100 percent compliant with Medicare's "incident to" requirements?

3 Can your billing system handle services billed both ways?



Unclear on non-physician practitioner billing?

IMS Services will present a day-long workshop on NP/CNS/PA (and others) billing on August 4, 1998 in Newton, Iowa at the DMACC conference center. Mark your calendar now!

healthy iowans

IMS legislative IMPACT on public health

Several initiatives affecting public health were passed in 1998, many as appropriations bills.

A bill sparked in part by the IMS Committee on Public Health, Senate File 2161 requires reporting of positive HIV test results by name to the Department of Public Health.

Children will be required, as of school year 1999-2000, to show proof of immunization for hepatitis B prior to enrollment. Senate File 2341 applies to children born after July 1, 1994.

The Department of Health appropriations bill, Senate File 2280, requires establishment of a task force to evaluate current infectious disease laws and to report back by January 1, 2000. That bill also designates a statewide poison control center; creates a domestic abuse death review team patterned after the child death review teams; establishes the AAP/ACOG perinatal guidelines as a basis for the Iowa statewide perinatal program; and implements methamphetamine control measures.

House File 2340 includes OB/GYN services in the state volunteer provider program.

Organ procurement efforts in Iowa will be monitored under Senate File 2285 which requires annual reports on organ donation rates.

IMS member distinctions & AWARDS

MARION ALBERTS, MD was honored for 27 years of service as scientific editor of *Iowa Medicine.*

DAVID CARLYLE, MD was a guest author on "Developing Health Coverage for Iowa Children," in a recent issue of the *Des Moines Register.*

GEORGE DRAKE, MD was named Physician Preceptor of the Year by the Drake University College of Pharmacy and Health Sciences.

MICHAEL GIUDICI, MD and **RICHARD SADLER, MD** implanted the world's first biventricular pacemaker-defibrillator into a male patient with dilated cardiomyopathy.

BOB LARSON, MD donated 83 large cartons of medical supplies and equipment to Berlin, El Salvador after closing his clinic in Beaverdale.

PAULA MAHONE, MD and **KAREN DRAKE, MD** tied for first place in the "Top 10 list of all-time achievements in Black Health History" for delivery of the septuplets.

MCFARLAND CLINIC was featured in a recent issue of *Medical Economics* in an article on how to build market leadership.

MONTGOMERY COUNTY MEMORIAL HOSPITAL in Red Oak, Iowa will receive a grant from the National Rural Health Association to support innovative programs in continuing professional education.

MARY RADIA, DO received the Drake University of Pharmacy and Health Sciences Achievement Award.

LYNN STRUCK, MD, has taken office as the first woman president of the Polk County Medical Society.

DECEASED MEMBERS

MARSHAL HUSTON, MD, 88, life member, otolaryngology, Cedar Falls.

HAROLD RODDY, MD, 86, emeritus member, obstetrics and gynecology, Mason City, February 2, 1998.

RAYMOND BUNGE, MD, 92, life member, urology, Johnson County, February 20, 1998.

RAYMOND SHANK, MD, 73, emeritus member, anesthesiology, Cedar Rapids, February 17, 1998.

Creative practice arrangements

Innovative practice arrangements was the number one topic of interest for Iowa women physicians answering a recent survey conducted by Iowa Medical Society. The survey results are the basis for planning the IMS Retreat for Women Physicians October 9–10 in West Des Moines.

Kathryn Opheim, MD of Sioux City is chairperson of the planning committee for the retreat. A panel is being assembled to discuss new practice arrangements. The panel, which will be moderated by Jane Winston, MD of Des Moines, will tentatively include a physician who heads an all-women OB/GYN group in California.

Other program topics at the retreat will include negotiating for success and how women can do a better job of communicating in a male-dominated workplace. Paula Mahone, MD (see **"Awards and Distinctions"** column above) will also be a guest speaker.

Watch your mail this summer for a program brochure.

Dr. Regina Benjamin, AMA's young physician trustee, has won the 1998 Nelson Mandela Award for Health and Human Rights. The award, presented to Dr. Benjamin by Archbishop Desmond Tutu, recognizes achievement and leadership in health care for the disadvantaged.

Dr. Benjamin will speak at the Iowa Medical Society's first retreat for women physicians October 9–10 at the West Des Moines Marriott.

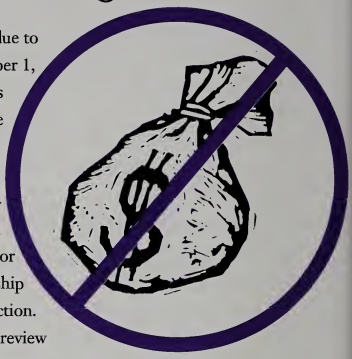
Legislature **says**

no more **CHMIS** funding

Iowa's Community Health Management Information System (CHMIS) will go through yet another transition in 1998. A bill repealing the CHMIS law passed the 1998 Iowa Legislature.

The bill does not appropriate any more funds to CHMIS and recommends using the remaining funds to develop a transition plan for the future of CHMIS. Any funds remaining after the transition plan is developed will be used for a study of the uninsured population of Iowa and related health data needs.

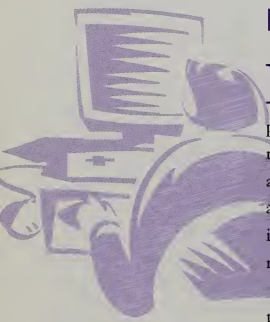
The IMS will participate in a committee to create a transition report which is due to the legislature December 1, 1998. The committee's charge is to explore the use and collection of health information for health policy and planning decisions in Iowa, as well as what agency or public/private partnership will best serve this function.



The committee will review the CHMIS mission statement, accomplishments and failures. It will also identify what other organizations are collecting and disseminating health information to the general public and will recommend to the CHMIS Governing Board an appropriate avenue to complete CHMIS objectives.

For more information, please contact Ed Whitver at the IMS at (515) 223-1401 or (800) 747-3070.

marketing your practice online



Patients are increasingly turning to home computers as a first resource in researching everything from auto prices to zoo attractions and even physicians, making it important for physicians to market their practices online.

Practices who want to test the online waters before investing a lot of time and money in designing a web site should take advantage of two free online site design opportunities.

As part of the American Medical Association's Physician Select, an Internet-based physician locator, AMA members receive a free web page. While simple in design, these pages can include personalized practice information, such as office hours, practice philosophy, managed care affiliations or achievements. See *www.ama-assn.org* for more information.

You can create a complete web site for free through Salu.net (*www.salu.net*), a physician-run company specializing in practice sites. You have a choice of six different designs complete with personalized information, a patient discussion group and patient education resources. You can update your site regularly using a simple form on the Salu.net web site. As part of Salu.net, you have access to its member site of resources designed for physicians.

American Medical Association: *www.ama-assn.org*

Salu.net: *www.salu.net*

PATIENT COMPLAINTS:
Your response is critical

Patient complaints. Doesn't everyone get one eventually? Many physicians have reported a surprising increase in the number of complaints. Are more patients complaining? Studies have established that angry patients are more likely to sue if they have a bad outcome. Often the first warning sign is a complaint. How you respond may mean the difference between a discussion and a lawsuit.

Verbal complaints may be the most challenging. Your immediate reaction may be defensive. The following techniques will help you avoid a defensive report:

- Stop and consider what the patient has said instead of immediately reacting.
- Empathize with the patient using phrases such as, "I understand..." or "You sound frustrated...."
- Establish a complaint procedure in your office to help defuse the situation.

Written complaints allow more time to formulate a reply but are often more difficult to answer. Always respond! A thoughtful response may resolve the issue and prevent a lawsuit or BME complaint. Some tips to consider before putting pen to paper:

- Draft a response that is conciliatory, not defensive.
- Answer all questions.
- Keep it simple and objective. Avoid medical jargon.
- Put yourself in the patient's position and imagine receiving the letter.

This column is provided by Midwest Medical Insurance Company especially for Iowa physicians. For more information, call Lori Atkinson, MMIC risk management supervisor, at (800) 798-9870 or (515) 223-1482.

Education is ESSENTIAL

Medical education is not an abstract concept. The educational process is rich and diverse. It requires complex institutions, such as academic medical centers and an entire spectrum of regional and community health care facilities. The process engages physicians and other health care professionals in almost every conceivable practice setting.

Most importantly, education requires the commitment of people as patients. Students, residents and practicing physicians cannot acquire or improve their knowledge and skills without the cooperation of individuals receiving health care.

Equally essential is the commitment of the educator and learner to patients, and especially to vulnerable populations that might otherwise not receive necessary care and services. Patients with complex health conditions, patients whose illnesses defy known treatments, patients who have no insurance or ability to pay -- these are the patients with whom educators and their institutions have a special contract. This social mission of medical education has deep roots and must endure.

This column is written by Dr. Richard Nelson, associate dean, University of Iowa College of Medicine.

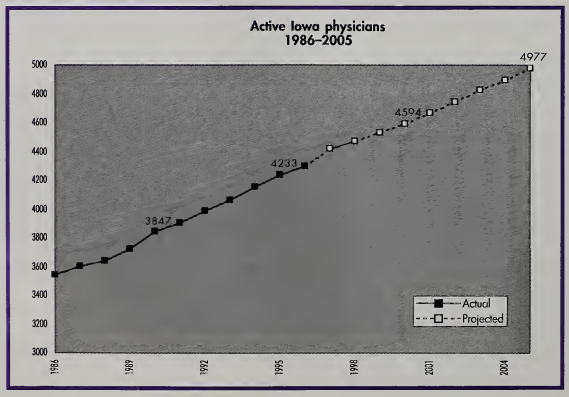
Medical musical chairs

Iowa's physician supply is increasing while managed care and use of physician extenders are reducing opportunities.

by Chris McMahon

Experts are seeing an unprecedented trend in Iowa's physician supply, and it's a trend that is occurring faster than anyone anticipated.

Roger Tracy, widely acknowledged as the guru of physician supply in Iowa, says our state is experiencing a "steady increase" in the number of physicians and a simultaneous decline in the number of job opportunities for physicians in all areas, including family practice.



UNPRECEDENTED TRENDS

"I'm seeing things I thought I wouldn't see in my career," comments Tracy, director of the University of Iowa's Office of Statewide Clinical Education Programs. The staff includes six people who spend the bulk of their time tracking job opportunities, supply and movement of Iowa physicians and other health professionals.

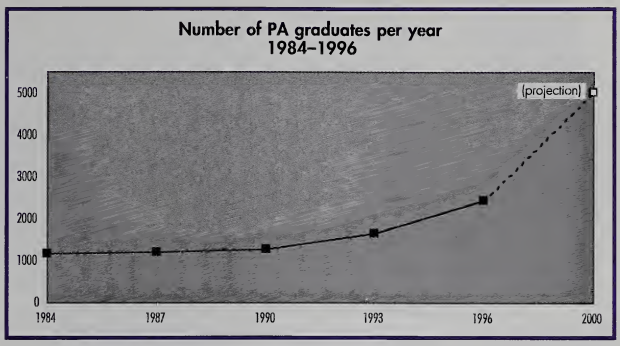
During the period from 1977 to 1996, the number of Iowa physicians increased by 42 percent. About 50 percent of the increase in recent years has been in primary care (family practice, general internal medicine, pediatrics

and obstetrics/gynecology). Sixty percent of Iowa's primary care physicians are now in networks or integrated health systems.

"There are only 29 independent medical communities among towns large enough to have a hospital," Tracy adds.

On December 31, 1997, there were 4,416 practicing Iowa physicians. Based on analysis of current trends, Tracy believes there will be 5,000 practicing Iowa physicians by 2005. Although Iowa's net gain is only half the national average, it is problematic because of an accompanying trend toward declining job opportunities, even in primary care.

"We still had 150 family practice positions open in Iowa last year, but this number is declining," Tracy explains.



> "The number of PA training programs has tripled during the last three years. By 2000, PA programs will be graduating approximately 5,000 students nationally."

THE GREENING OF IOWA PHYSICIANS

The days of physicians continuing to practice into their seventies are nearly over. The average age of retirement for Iowa physicians is about 60; only 11 percent of practicing Iowa physicians are over age 60.

Less surprising is the fact that nearly half of Iowa's net gains are women. "Women now comprise 17 percent of our physician population," Tracy says. "By 2005, they will likely account for approximately 25 percent."

The supply of physicians continues to increase and there is a major shift in career interests, with more young physicians choosing primary care.

"In Iowa, we've done an excellent job of producing family physicians and attracting family physicians from other states," Tracy reveals.

If the state's physician population is changing, Iowa's health care system evolution is even more dramatic.

"There have been substantial changes in Iowa's health care system, due in part to managed care. Iowa has not seen the level of managed care market penetration that is occurring in other states, but there is a perception here that managed care will have an even greater impact in the future."

BIG PUSH TOWARD COST-EFFICIENCY

Tracy says this perception has brought a real push toward cost efficiency, and this push has drastically changed Iowa's health care landscape.

Communities of under 2,000 with no hospitals have stopped looking for a full-time physician, moving instead to satellite clinics populated by physician extenders.

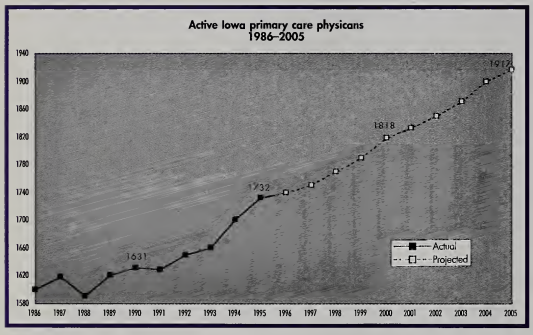
"There has been a tremendous increase in physician

Chris McMahon is vice president of communications for the Iowa Medical Society.

assistant and nurse practitioner enrollment," Tracy says. "The number of PA training programs has tripled during the last three years. By 2000, PA programs will be graduating approximately 5,000 students nationally."

REPOPULATING NON-HOSPITAL COMMUNITIES

With the increase in physician supply and a decline in job opportunities in the metropolitan areas, physicians have begun moving into communities which at one time had one or more physicians but in recent years have had only part-time services.



"Physicians are repopulating non-hospital communities at a noticeable rate," Tracy explains. "General internists are entering practice in rural communities by the legion."

During the past two years, 150 specialists entered practice in towns with populations under 30,000.

"This is absolutely unprecedented," Tracy comments.

DECLINING METRO OPPORTUNITIES

In all, the Statewide Family Practice Training Program has retained 60 percent of its graduates over the life of the program; half of these graduates have selected rural towns for their practices. In the past two years, more than 70 percent of the graduates have stayed in Iowa due to the influcnce of Iowa's primary care physician networks. Rural towns are faring well due to the decline of family practice opportunities in metro areas.

"Ninety-eight percent of Iowans who reside in towns without physicians are within 15 minutes from the nearest primary care physician," reveals Tracy.

The trends in physician supply are extremely advantageous for those recruiting physicians.

"Recruitment has become very precise. Physicians and administrators who call our office in search of a physician give us five or six specific demographics and then we try to fill their order," Tracy says. "But before they call, they have established the need for another physician without a doubt."

WHAT'S AHEAD?

Tracy says the trend toward increasing numbers of physicians and decreasing job opportunities shows no sign of abating. The increased number of women entering the physician job market could have a slight effect on the trend, since women physicians are more likely to work part-time, to take family leave and to spend more time with their patients.

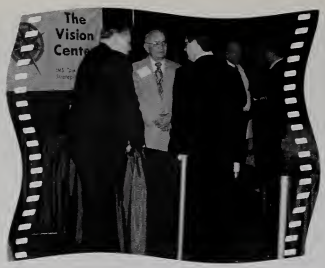
"These factors would seem to indicate it may take more women to fill the same number of positions," Tracy speculates.

Medical school deans, medical students and residents in training are "very sensitive" to the trends, Tracy concludes.

"Medical students are worried about their futures. Deans of medical schools are very aware of increasing supply. They realize this could become a very big issue in the future."

1998 Annual Meeting Recap

A New Vision

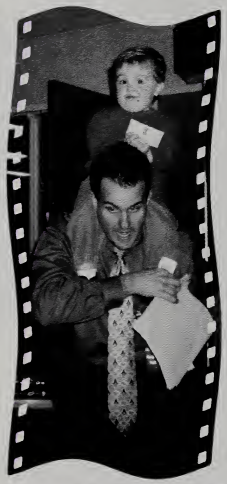


Physicians visited the Vision Center throughout the weekend to hear about the IMS Strategic Plan. (And received a free mouse pad!)

Jose Angel, MD member of the IMS Task Force on Strategic Planning, discussed the new vision for the IMS with Edward Hertko, MD.

Paul Seebohm, MD and his wife Dorothy won two airline tickets by pre-registering for the annual meeting. "Other places I've been affiliated with have either sent me out to pasture or over the hill, but the IMS is sending me into space," Dr. Seebohm quipped.

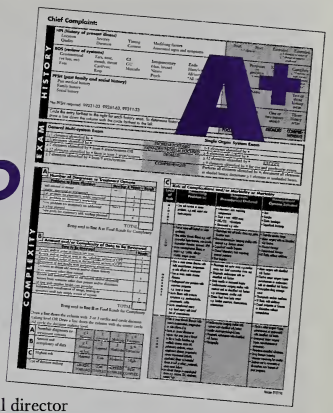
Dr. Joyce Brothers delighted banquet guests with her wit and wisdom.



William Kuyper, MD and his son Jake are late for a very important meeting.

Dubuque Brass — Andy Butler, French horn; Hunter Fuerste, MD, trombone; Timm Johnson, tuba; Mark Falb, trumpet; and Gary Kirst, trumpet — entertained the banquet crowd with the William Tell Overture in double time.

E&M CODING: Physicians are educated but still CONFUSED



Education can't overcome problems inherent in the guidelines, IMS tells congressmen.

The IMS is raising serious concerns about version two of HCFA's E&M documentation guidelines.

E&M Medicare billing codes describe the level of history, exam and medical decision-making of physician visits. The first version of the E&M guidelines was released by HCFA and the American Medical Association (AMA) in 1994, with the goal of giving physicians a way to judge their level of documentation.

IMS, in partnership with the local Medicare carrier, has been actively educating Iowa physicians since the first guidelines were released. Data show these efforts have been successful. Iowa physicians use the E&M high level codes at a rate consistently less than other physicians in the nation. Overcoding has decreased by 27 percent; undercoding has decreased 17 percent.

However, no amount of education can overcome the problems inherent in the guidelines, IMS representatives said in a recent letter to Iowa's congressional delegation. "Iowa physicians remain concerned about the complexities of the guidelines," said Harold Miller, MD, IMS president. "Along with extremely detailed requirements, the results of trained auditors using the guidelines cannot be replicated."

Some physician offices have asked IMS practice management staff to "audit the auditors." In 44 of 102 patient records, IMS staff and the auditors have disagreed on the appropriate code. In another test audit, IMS staff and the Medicare carrier disagreed in 50 of 117 records.

"The E&M guidelines are the latest example of detailed government regulations that are subject to interpretation and, in these cases, produced results which cannot be replicated," Dr. Miller told Iowa congressmen.

Concern over both versions of the guidelines has generated at least two letters to the AMA — one from IMS and one from John Olds, MD former medical director for Iowa Medicare carrier.

In his letter to the AMA, Dr. Olds cited the success of joint education efforts by his agency and IMS as proof physicians "can learn to document E&M services and code them accurately."

However, he cited the lack of "broad-based review and comment from the affected specialties" as the reason physician concern over the guidelines continues — even in Iowa where education has been intense.

The possible failure to solicit input has led to "a feeling that the guidelines are cumbersome and place physicians at risk for unjust fraud enforcement," Dr. Olds said.

The IMS continues working with AMA on improving the guidelines and to ensure that underdocumenting is not treated as fraud.

> "In 44 of 102 patient records, IMS and auditors have disagreed on the appropriate code."

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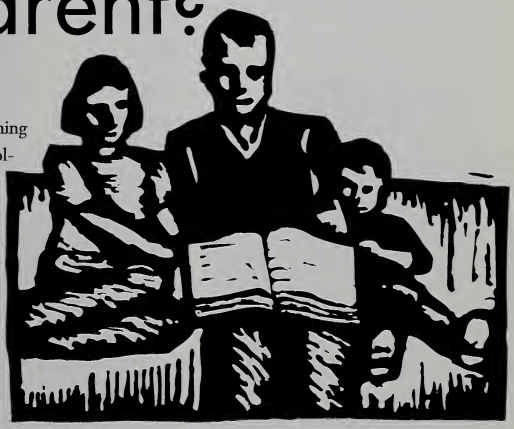
UNABLE TO PLACE J-1 OR H-1 PHYSICIANS

IRAs... is the heir really apparent?

IRA owners and their beneficiaries can be significantly affected by new distribution rules.

by Jerry Foster



For many people, an IRA is one of their largest and most treasured assets; yet it is their most carelessly handled asset. Distribution strategies for the owner and beneficiaries of IRAs can be significantly affected if careful thought is not given to the beneficiary designation of the IRA.

The Taxpayer Relief Act of 1997 provided amendments to proposed regulation regarding tax deferred retirement plans. Previously, only an irrevocable trust could be named an IRA beneficiary if tax deferral was a goal. The new ruling allows IRA owners to use revocable trusts as the beneficiary of the IRA. This will allow for several planning strategies, including the following:

1 A trust allows trustees to control the distribution of the IRA assets even after the trustee dies. This is important if there is a concern about the beneficiary of the trust being able to handle the money.

2 Distribution strategies are enhanced. Once minimum distributions from an IRA must begin, they can be taken over a joint life expectancy — those of the IRA owner and the trust beneficiary — which could allow for up to a 10-year spread if the beneficiary is not the spouse. After the IRA owner dies, a successor trustee will be named, and the distribution strategies can be extended by utilizing a new joint life spread. This allows the trustees to stretch out distributions, thus extending tax deferral for decades.

3 It will allow an IRA owner to utilize the IRA to fund a credit shelter trust in a simpler manner.

4 Many people already have revocable trusts, thus eliminating the need for a new irrevocable trust.

5 Because it is revocable, you can change your mind.

The new rules create more incentive to use trusts and an IRA beneficiary; however, detailed and strategic planning should be used to customize and fully utilize all available strategies.

Jerry Foster is the CEO of Foster Capital Management, a fee-only financial planning and investment management company located at IMS headquarters, (800) 798-1012.

WORKING HARD FOR Iowa

This article was written by Cindy Ebrecke, IMSA president

Dr. Percy Wootten, AMA president said, "The Alliance is the face and hands of organized medicine in our community."

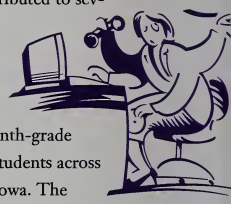
In Iowa, the "face and hands" were visible in medical education, legislation and health promotion.

Our state and county alliances held fundraisers for the AMA Education and Research Foundation (AMA-ERF). The University of Iowa College of Medicine receives the bulk of these funds, approximately $14,000 a year, for student scholarships and research.

On April 29, 1997, the Iowa Legislature passed an Alliance-sponsored domestic violence bill. All marriage licenses in Iowa now contain the following language: "The laws of this state affirm your rights to enter into this marriage and at the same time to live within the marriage under the full protection of the laws of this state with regard to violence and abuse. Neither of you is the property of the other. Assault, sexual abuse and willful injury of a spouse or other family member are violations of the laws of this state and are punishable by the state."

To address the problem of teen pregnancy, Alliance members raised over $62,500 to purchase 250 "Baby Think it Over" infant simulators.

Over 40,000 Careline Cards, which contain crisis toll-free numbers, were distributed to seventh-grade students across Iowa. The Alliance distributed 46,000 copies of "The Healing Path" to medical societies, hospitals, police, county sheriff offices, Iowa legislators and domestic violence shelters.



The "face and hands of organized medicine" have been and will continue to be active in Iowa.

July/August *Iowa* **Medicine**

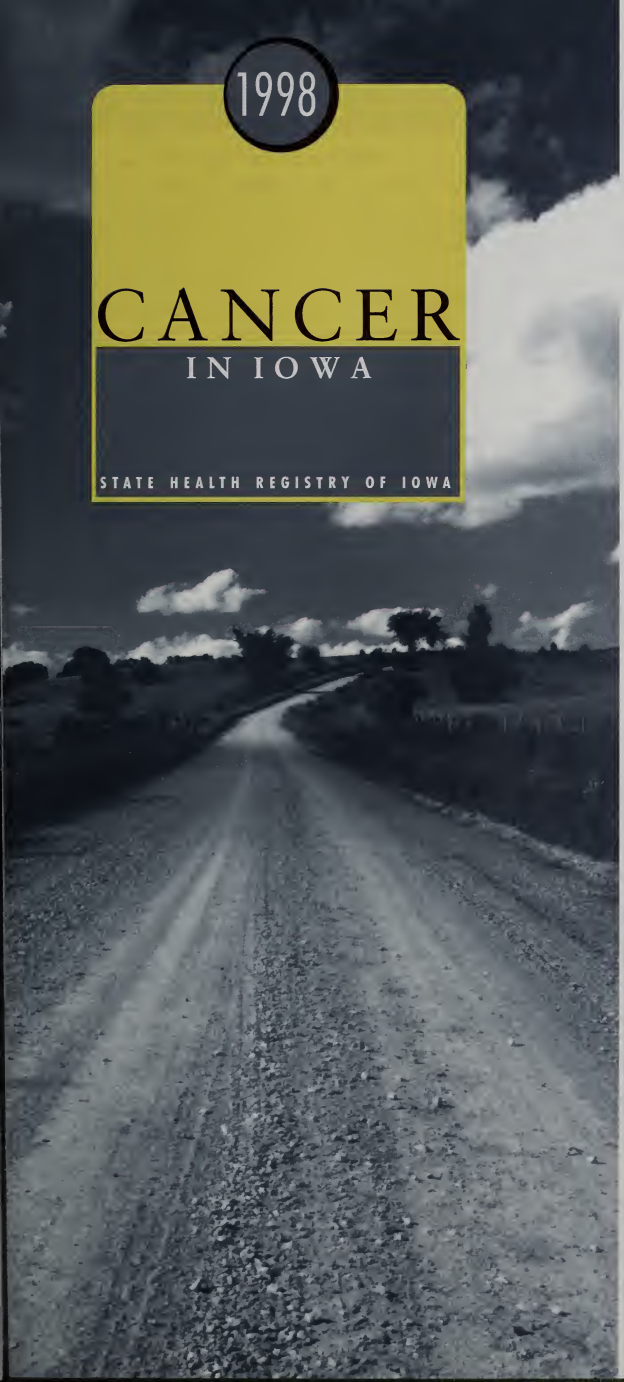
Dedicated to Medical Students and Residents

◆ *Students practicing medicine in third-world countries:* The IMS Education Fund provides financial support for students completing clinical rotations in third-world countries. Find out what several University of Iowa students learned about practicing medicine in developing nations.

◆ *Spirituality in the classroom:* A student-proposed resolution encouraging development of spirituality education for students and residents was approved by the 1998 IMS House of Delegates. Learn more about teaching the importance of patient spirituality.

◆ *Clinical resources online:* A quick guide to top clinical resources to supplement your medical studies and to use as reference in your daily practices.

◆ *Volunteers in training:* Students and residents care for Iowa free clinic patients and gain valuable experience.



In 1998 an estimated 6,350 Iowans will die from cancer, 13 times the number caused by auto fatalities. Cancer is second only to heart disease as a cause of death. These projections are based upon mortality data the State Health Registry of Iowa receives from the Iowa Department of Public Health. The Registry has been recording the occurrence of cancer in Iowa since 1973, and is one of ten registries nationwide providing data to the National Cancer Institute. With *Cancer in Iowa: 1998*, the Registry makes a general report to the public on the status of cancer.

FACTS ABOUT CANCER IN IOWA

- Estimates predict 14,000 new cancer cases will be diagnosed in Iowa in 1998
- Data on cancer have been collected for the state of Iowa since 1973
- Understanding the importance of early detection is a key to improved survival
- Cancer of the breast is the number one cancer in females
- An estimated 2,000 cases of prostate cancer will be diagnosed in 1998
- Trends in cancer deaths and new cancers is the special focus of this year's report
- Eliminating unhealthy lifestyle factors, such as smoking and alcohol abuse, would eventually significantly decrease cancer in Iowa

PRODUCED BY
State Health Registry of Iowa
The University of Iowa, 100 Westlawn S,
Iowa City, IA 52242-1100
(319) 335-8609

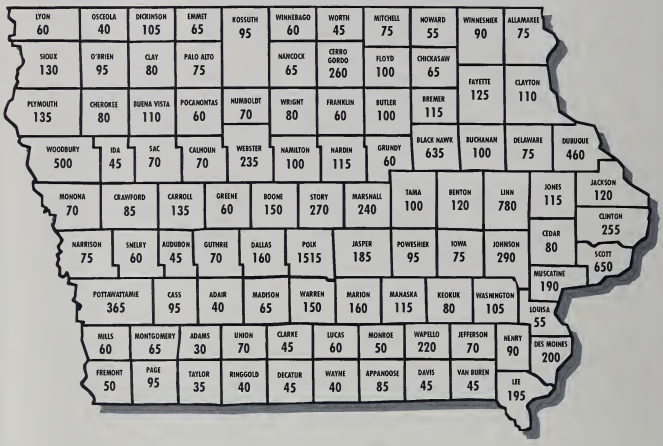
Cancer is a reportable disease as stated in the Iowa Administrative Code. Cancer data are collected by the State Health Registry of Iowa, located at The University of Iowa in the College of Medicine's Department of Preventive Medicine and Environmental Health. The staff includes more than 50 people. Half of them, situated throughout the state, regularly visit hospitals, clinics, and medical laboratories in Iowa and neighboring states to collect cancer data. In 1998 data will be collected on an estimated 14,000 new cancers among Iowa residents. A follow-up program tracks more than 97 percent of the cancer survivors diagnosed since 1973. This program provides regular updates for follow-up and survival. The Registry maintains the confidentiality of the patients, physicians, and hospitals providing data.

This excerpt provides information from the State Health Regristry's annual publication *1998 Cancer in Iowa*.

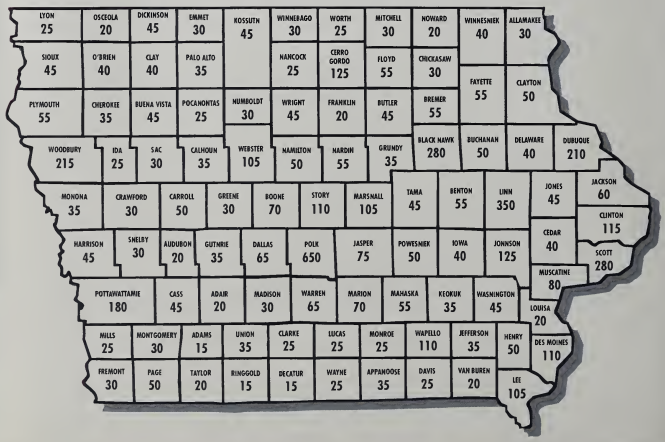
CANCER PROJECTIONS FOR 1998

Cancer occurs in people of all ages, although more than 80 percent of all new cancers occur in those 55 years of age and older.

ESTIMATED NUMBER OF NEW CANCERS IN IOWA FOR 1998



ESTIMATED NUMBER OF CANCER DEATHS IN IOWA FOR 1998



Cancer affects Iowans of all ages and in every county. In 1998 cancer will strike five out of every 1,000. Cancer will be the cause of death in 2 of 1,000 Iowans in 1998.

TOP 10 TYPES OF CANCER IN IOWA ESTIMATED FOR 1998

Breast cancer is the most common female cancer. Breast, colon & rectum, and lung cancers will account for more than half of all new cancers. Lung cancer is the most common cause of cancer death in females, followed by breast cancer.

Prostate, lung, and colon & rectum cancers account for almost 60 percent of all new cancers in males. Lung cancer causes almost one-third of all male cancer deaths.

NEW CANCERS IN FEMALES

TYPE	#OF CANCERS	% OF TOTAL
Breast	2050	29.3
Colon & Rectum	1000	14.3
Lung	860	12.3
Uterus	450	6.4
Non-Hodgkin's Lymphoma	310	4.4
Ovary	290	4.1
Skin Melanoma	190	2.7
Leukemia	180	2.6
Pancreas	180	2.6
Kidney & Renal Pelvis	160	2.3
All Others	1330	19.0
TOTAL	**7000**	

CANCER DEATHS IN FEMALES

TYPE	#OF CANCERS	% OF TOTAL
Lung	680	21.9
Breast	500	16.1
Colon & Rectum	410	13.2
Pancreas	180	5.8
Non-Hodgkin's Lymphoma	170	5.5
Ovary	160	5.1
Leukemia	120	3.9
Uterus	100	3.3
Brain	80	2.6
Multiple Myeloma	80	2.6
All Others	620	20.0
TOTAL	**3100**	

NEW CANCERS IN MALES

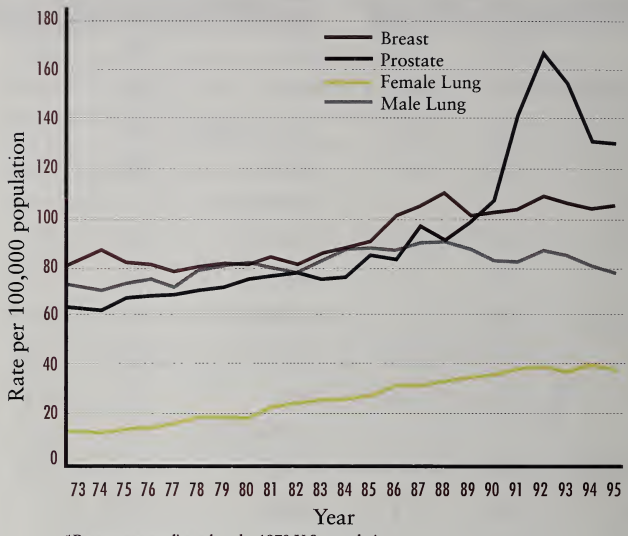
TYPE	#OF CANCERS	% OF TOTAL
Prostate	2000	28.6
Lung	1200	17.1
Colon & Rectum	950	13.6
Non-Hodgkin's Lymphoma	310	4.4
Bladder	250	3.6
Leukemia	240	3.4
Skin Melanoma	230	3.3
Kidney & Renal Pelvis	210	3.0
Oral Cavity	180	2.6
Pancreas	140	2.0
All Others	1290	18.4
TOTAL	**7000**	

CANCER DEATHS IN MALES

TYPE	#OF CANCERS	% OF TOTAL
Lung	1050	32.3
Prostate	430	13.2
Colon & Rectum	340	10.4
Leukemia	150	4.6
Non-Hodgkin's Lymphoma	150	4.6
Pancreas	140	4.3
Bladder	100	3.1
Esophagus	100	3.1
Kidney & Renal Pelvis	90	2.8
Brain	80	2.5
All Others	620	19.1
TOTAL	**3250**	

The rates of new cases of breast cancer peaked in 1988 and of prostate cancer in 1992. These trends were due in part to mammography and PSA screening, respectively, that led to increased detection of these cancers. Female lung cancer rates have increased since 1973 reflecting increased smoking among females. Male lung cancer rates have generally declined since 1987.

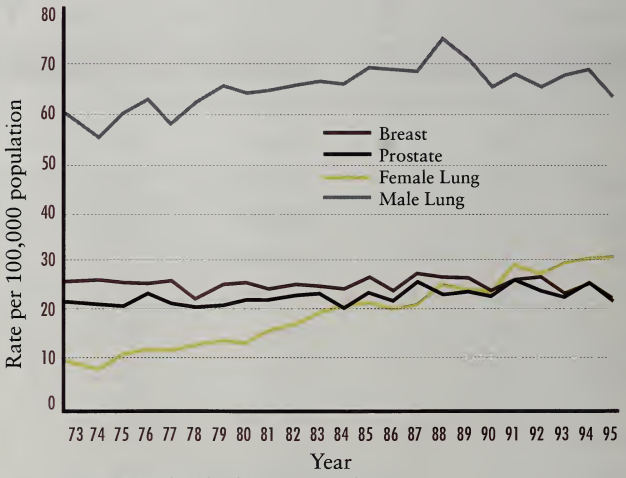
BREAST, LUNG, AND PROSTATE CANCER INCIDENCE RATES* STATE OF IOWA, 1973-1995



*Rates are age-adjusted to the 1970 U.S. population

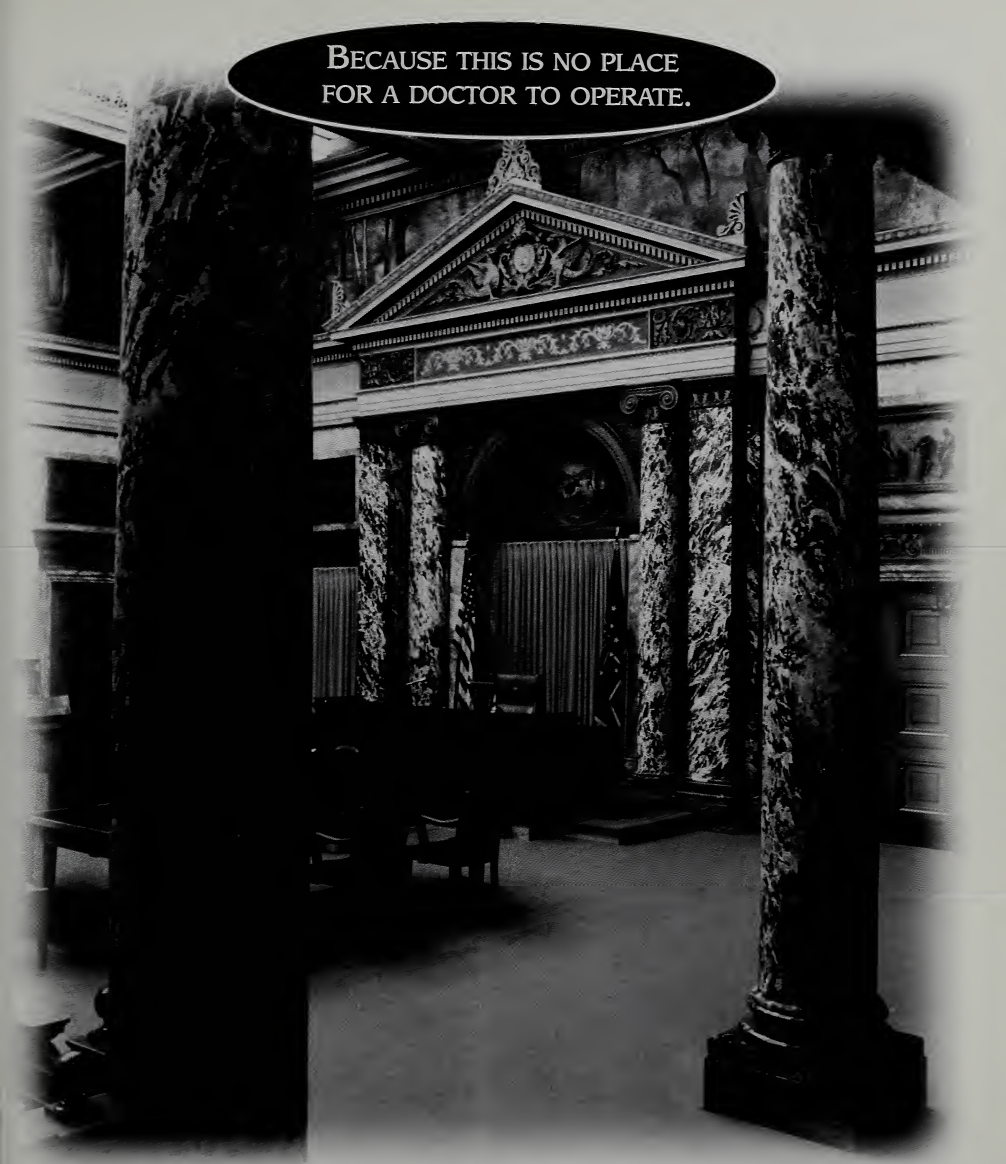
Mortality rates for breast cancer are similar to those for prostate cancer. These rates have remained fairly steady. Female lung cancer mortality rates have been increasing since 1973. Male lung cancer mortality rates peaked in 1988 and have declined erratically since then.

BREAST, LUNG, AND PROSTATE CANCER MORTALITY RATES* STATE OF IOWA, 1973-1995



*Rates are age-adjusted to the 1970 U.S. population

Fortunately for Iowans, the chances of being diagnosed with many types of cancer can be reduced through positive health practices such as smoking cessation, physical exercise, and healthful dietary habits. Early detection through self-examination and regular health checkups can improve cancer survival.



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Weekend house officer—VA Medical Center, Tomah, WI, is recruiting for WEEKEND HOUSE OFFICER coverage to begin no later than July 1, 1998. Must be board certified internist or family practitioner and ACLS certified. Weeekend tour of duty begins 7:30 p.m. on Friday and ends 7:30 p.m. on Sunday. Salary is based on qualifications and experience. Contact Dr. Gerald Spirek, Chief of Staff, at (608) 372-1778. AA/EOE.

Marshalltown, Iowa—State-of-the-art facilities and exceptional quality of life with practice opportunities available in orthopaedic surgery and internal medicine. Pursue one of these opportunities and obtain privileges at the community's 176-bed facility that has been awarded accreditation with commendation by the JCAHO. An outstanding compensation package is available for each of the opportunities, and the hospital offers educational loan forgiveness, interviewing and moving expenses. For additional information contact Jill Lutes at (800) 542-0014, Marshalltown Medical & Surgical Center, 3 South 4th Avenue, Marshalltown, Iowa 50158

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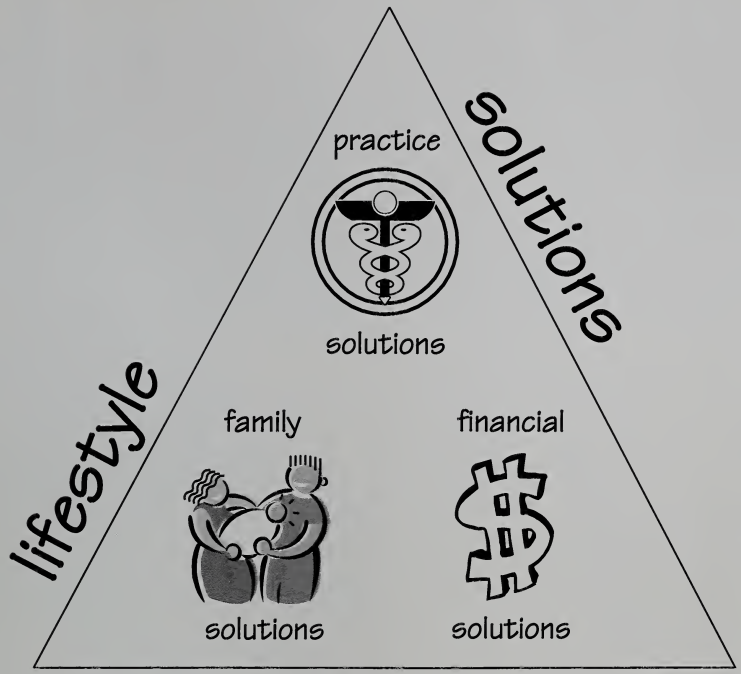
P R O V I D I N G



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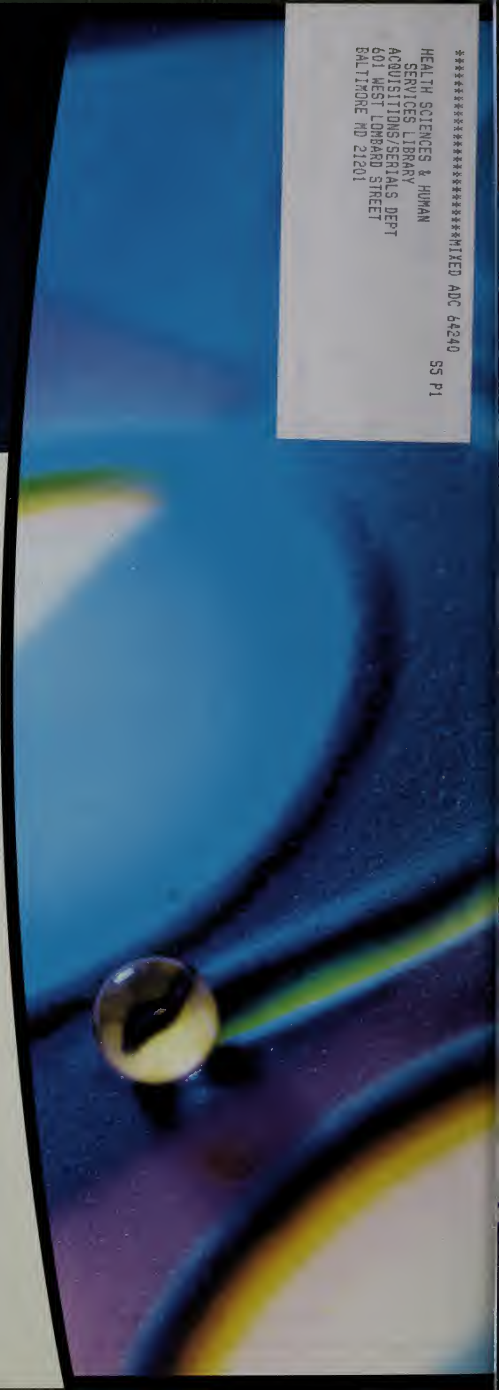
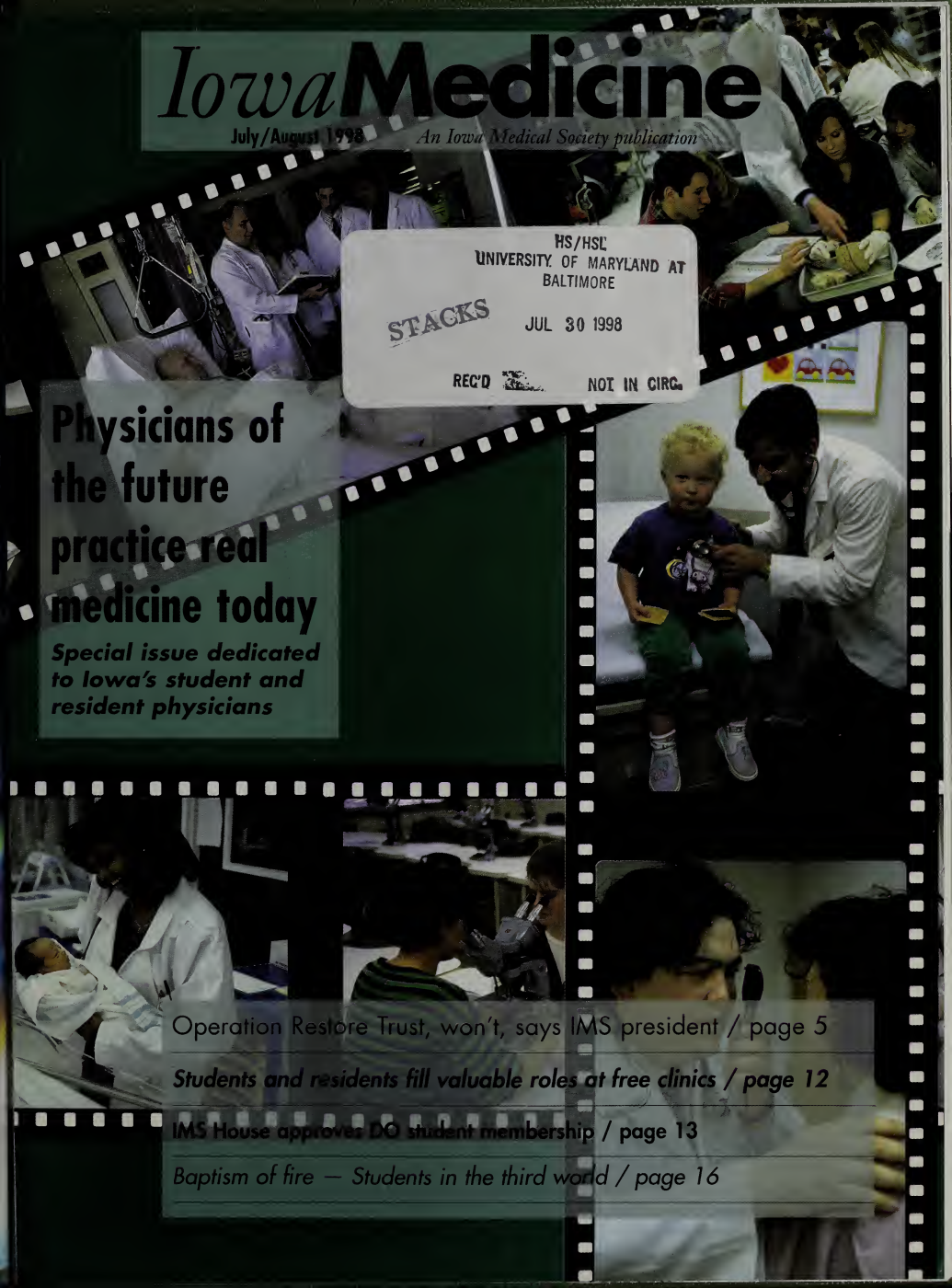


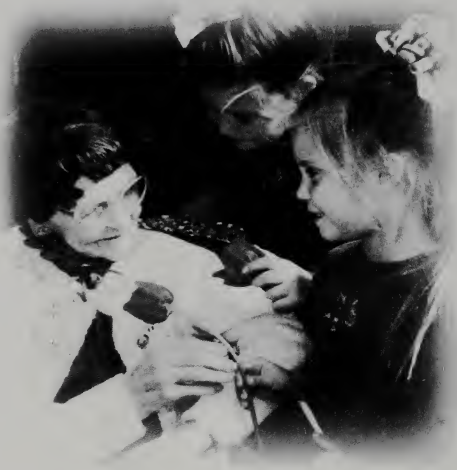
Iowa Medicine
July/August 1998
An Iowa Medical Society publication

Physicians of the future practice real medicine today

Special issue dedicated to Iowa's student and resident physicians



"We Thought Mom Needed a Nursing Home"....



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Iowa **Medicine**

Published by the Iowa Medical Society

July/August 1998 Vol. 88/4

cover photos by Tom Jorgensen, University Relations Publications, University of Iowa
cover design by Tina Steiner, coordinator of publications, Iowa Medical Society

This month's feature:

REGULARS

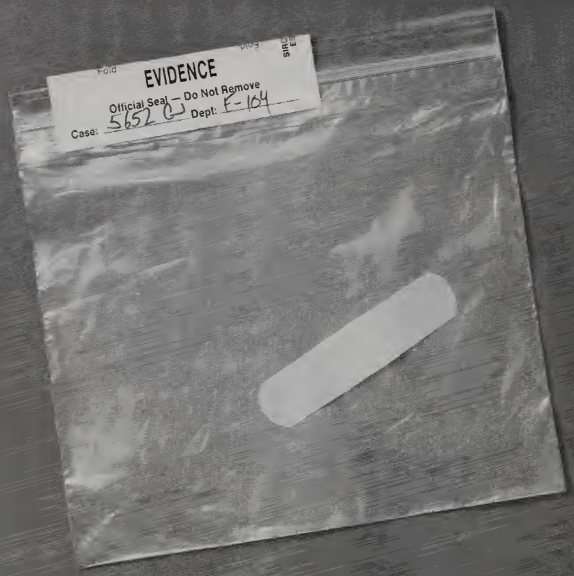

Exhibit A:

Adhesive bandage, which plaintiff alleges defendant pulled rapidly from skin, violently tearing three hairs from plaintiff's arm, which resulted in severe shock, trauma, disfigurement, chronic debilitating pain and permanent psychological damage.

To protect your reputation, we take every claim seriously.

Even the most absurd claims can be damaging if they're not handled properly. Which is why the full weight of our more than 60 years of experience in medical liability insurance is brought to bear on each and every claim, no matter how frivolous that claim may appear. In fact, when appropriate, we have appealed cases all the way to the United States Supreme Court, at no additional cost to policyholders. Because you can't put a bandage on a damaged reputation.

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Operation Restore Trust WON'T

Creating an "us against them" atmosphere can't possibly be conducive to quality care.

by John Brinkman, MD

An elderly man saw it on the way to his doctor's office. When he arrived, he looked at his physician and said, "I'm going to get you."

A physician drove by it every morning on his way to work. "It sure started my day on a sour note," he admits.

"It" is a Cedar Rapids billboard touting Operation Restore Trust (ORT), a federal program being implemented in eastern Iowa. ORT enlists senior citizens in the war against Medicare fraud and abuse. The enemy? Physicians allegedly perpetrating fraud which is breaking the back of Medicare.

This well-intentioned program could build a wall of mistrust between Iowa physicians and their patients. The IMS Board of Trustees and Cedar Rapids physicians expressed this concern at a recent Linn County Medical Society meeting. Also present were representatives of the Heritage Agency on Aging, which is implementing the program, and a member of Senator Tom Harkin's staff.

Despite public perception, there has never been evidence that physicians are a source of significant Medicare fraud. In 1997, the Medicare carrier for states including Iowa referred seven cases of fraud to law enforcement. Five involved home health agencies, one in Iowa. The remaining two cases involved an Iowa chiropractor and an Iowa podiatrist. None of the cases involved medical doctors.

The IMS has a policy of zero tolerance for intentional fraud. However, we are concerned over repeated use of the word "fraud" with little acknowledgement that professionals have honest disagreement when using complex E&M guidelines.

For two years, the IMS has made a concerted effort to educate physicians about E&M guidelines. Despite these efforts, test audits of Iowa physicians' charts showed that trained auditors disagreed 43 percent of the time on what codes should have been used. Honest mistakes and fraud are completely different and should not be treated in the same way.

Trust is a basic element in the physician/patient relationship. Iowa physicians cannot provide quality care to Medicare patients if that element is missing.

Operation Restore Trust might more aptly be named

Operation *Destroy* Trust.

Dr. Brinkman is an internist practicing in Mason City and president of the Iowa Medical Society.

An ERA of CHANGE

Education, research and service. Together, these missions define the UI College of Medicine's responsibility to the state and the medical profession. Fewer than five U.S. medical schools rank as high as the College in all three areas, and we owe much of our success to a lasting partnership with Iowa physicians.

It is with these missions in mind that we are bringing to life a vision of medicine for the next century. By the year 2001, our campus will have a new look and feel, and, most importantly, new facilities that will help the College remain an international leader.

The project's centerpiece is the Medical Education and Biomedical Research Facility, a 203,000-square-foot center for teaching and discovery. While the world-class clinical facilities of the UI Hospitals and Clinics help us meet our service mission, outdated buildings and inadequate space have complicated our growth in education and research.

I am proud that we have overcome these limitations in many important ways. In education, we have created a curriculum that integrates courses, provides students with earlier patient contact and fosters decision-making skills. Last year, the first class to study under the revised curriculum achieved a 100 percent pass rate on the USMLE and exceeded the national mean score.

> "This is an era of change for the College of Medicine, but every new development remains tied to our basic mission."

In research, our faculty and staff continue to generate record levels of support. For fiscal year 1997, the College ranked 11th in National Institutes of Health research awards to public institutions. By 2005, we intend to significantly improve that ranking.

Once completed, our new facility will enhance this progress. It will offer a more supportive environment for students, giving them a place to call "home" on campus.

Modern laboratories will help us attract leading investigators and enhance our external research support. An emphasis on adaptability will keep the facility able to meet changing technological needs.

This is an era of change for the College of Medicine, but every new development remains tied to our basic missions. Iowa physicians — whether colleagues, alumni, faculty or friends — have key roles in helping us achieve these fundamental goals and shape tomorrow's medical science and practice.

Dr. Robert Kelch is dean of the University of Iowa College of Medicine.

You won't learn all you need to know in school and residency

You wrack your brain for hours memorizing cardiovascular pharmacology. You soak up all the experience you can with each patient during a night shift in the ER.

But the science of medicine is not all you need to learn. You need to learn the trends and issues affecting health care to conquer your future challenges—*an education you'll be able to take advantage of through IMS and AMA membership.*

Josh Rosebrook
Medical Student
University of Iowa
College of Medicine
Iowa City

REAL WORLD ISSUES

"Involvement has been my key opportunity to learn about more than just the science of patient care."
Dallas Nelson

End-of-life care, patients' rights and government regulations are real world issues you'll face as physicians. Get involved in the IMS and the AMA—you'll learn about these issues through lunch meetings, seminars and quality publications. And you'll have a voice to determine how these issues will affect your future practice through the IMS and the AMA.

Dallas Nelson
Medical Student
University of Iowa
College of Medicine
Iowa City

NETWORKING WITH PHYSICIANS

"A lot of student clubs don't allow you to participate in the profession as a whole. IMS and AMA meetings have given me the opportunity to meet and work with Iowa physicians."
Josh Rosebrook

Join the IMS-AMA Medical Student Section or Resident Section. Network with practicing physicians. Talk to real physicians about their experiences in patient care at IMS and AMA meetings. Share career lessons with mentors in your communities.

EXPERIENCE THE PARTNERSHIP
Call (800) 747-3070 to become a member.

Experience the partnership! Interested in being a member? Interested in mentoring physicians-in-training? Contact Melanie Finke Sanders at (800) 747-3070 for information on how you can participate in the IMS–AMA Medical Student Section or Resident Section.

Developing a NEW *WAY* to practice medicine

Medical students called for an increase in spirituality education and its importance to patient health.

by Bruno Granwehr

Patients are becoming more likely to consider spiritual health as a quality of life issue. Spirituality may best be defined by its components: religion, inner resource, "basic value around which other values are focused," life force, relationship with a supreme being, prayer and meditation and healing. Although religion may form the basis for the spirituality of many people, it is essential to consider other components of spirituality.

How can physicians address spirituality in a comprehensive yet efficient manner? Although there is agreement about the importance of spirituality in quality of life, there is no clear consensus among physicians or patients with regard to a comfort level in discussing these issues. I believe that discussion of spirituality would show that physicians have a global view of a patient's health and may be useful in cementing the physician/patient relationship. Although initially as uncomfortable as a sexual history for patient and physician, a spiritual history may be of greater importance in allowing a physician to most effectively treat a patient.

To train new physicians to use patient spirituality in providing care, organized medicine should support the implementation of formal education during medical school about tenets and principles of the world's "major" religions and support training in residency and medical school in spiritual history taking and use of community resources to aid patients.

The resolution approved by the 1998 IMS House of Delegates directs the IMS to propose spirituality education, including spiritual history taking, within medical school curriculums and residency training programs.

> "Spirituality education was the topic of a resolution, introduced by the IMS–AMA Medical Student Section, which was passed during the 1998 IMS House of Delegates."

For more information about a research-based format for physician/patient discussions about spirituality, see "The SPIRITual History," by Todd Maugans, MD in the *Archives of Family Medicine* (1996: Volume 5).

Bruno Granwehr, IMS-AMA Medical Student Section member, is a fourth year medical student at the University of Iowa College of Medicine.

changing PARTNERS

Michael Richards, MD assumed the role of chairman of the board of Integra Health.

Gordon Johnson, MD has joined the staff of North Iowa Mercy Health Center.

Michael Mintzer, MD has joined the Iowa Clinic's women's clinic. He formerly practiced in Evanston, Illinois and is a board certified obstetrician-gynecologist.

Ottumwa Regional Health Center is now affiliated with both the Iowa Health System and the University of Iowa Health System.

Kirk Kilburg, MD; Tom Serbousek, MD and **Michael Weston, MD** joined Integra's Anamosa practice.

Charles Brindle, MD joined the medical staff of Belmond Community Hospital.

Contact Tina Stoner at the IMS, (515) 223-1401, (800) 747-3070 or by email at kstoner@iowamedicalsociety.org if you have news about physician practice changes.

Advocating for you at AMA MEETING

Organ transplants and interpreters for patients who are hearing-impaired or speak limited English were the subjects of resolutions introduced to the AMA House of Delegates by the Iowa delegation to the June AMA Annual Meeting.

Currently, physicians are required under the Americans With Disabilities Act to hire an interpreter for hearing-impaired patients, but physicians are not reimbursed for this practice expense. However, the IMS department of public policy and advocacy learned that Medicare participating hospitals are reimbursed for the expense of hiring interpreters. The IMS resolution asks the AMA to seek reimbursement which is at a level of parity with that given to hospitals.

The second Iowa resolution expresses concern about new rules of the Department of Health and Human Services governing allocation of organs for transplantation. The new rules lessen the emphasis on geographic distribution of organs and are the subject of much controversy in rural states like Iowa. Implementation of the rules, originally scheduled for July, has been postponed until October.

Iowa resolutions to AMA

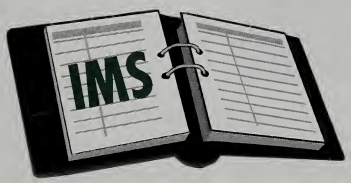
1. Physician Reimbursement for hiring interpreters for patients who are hearing impaired or who speak limited English.

2. Asks the AMA to oppose new federal regulations for non-geographic allocation of organs for transplantation.

Wellmark's **Universal Contract**

Wellmark is initiating a universal contract which establishes uniform application and credentialing processes for many Wellmark products. Information has been mailed to Iowa physicians and you are asked to sign by July 31. IMS staff have reviewed a draft of the contract and suggested several changes. A more complete discussion of the universal contract appeared in the June issue of the *IMS Advocate*.

YOU have a date with



A core mission of the new Iowa Medical Society is establishing an individual connection with as many Iowa physicians as possible. The Making the Rounds (MTR) program is one way of accomplishing this goal.

Making the Rounds will involve IMS leaders and staff visiting physicians in cities around Iowa. The idea is to update physicians on what IMS is doing in the legislature, practice management, legal advocacy and member education. It's also a chance for physicians to tell IMS leadership about their concerns and needs.

"This is a way for physicians to establish contact with IMS without driving to Des Moines," comments John Brinkman, MD, IMS president. "This idea is a key component of the strategic plan just approved by the House of Delegates."

A pilot program is currently being planned. Watch IMS publications for more details.

STOP, LOOK, AND LISTEN!

We're conditioned from childhood to STOP, LOOK AND LISTEN!!

This old railroad slogan is big
Around our shop, since we've got a room or two of model trains.
Come and see them if you get a chance.

So what does STOP, LOOK AND LISTEN mean to you and all of us?

STOP!

We all need to
Stop and review our and your critical insurance protection,
At least annually.
Are they secure and cost effective in today's uncertain market?

LOOK!

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Look around at what's happening in the volatile
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Or any other coverage, it's critical that you know
What the options are!!

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WHEN MINORS SEEK contraceptives

A 12-year-old seeks contraceptives. Should you assume there is reportable abuse involved?

by Jeanine Freeman, JD

A physician's responsibilities to a minor who seeks contraceptive services involve two provisions of Iowa law: 1) the ability of a minor to receive contraceptive services; and 2) the physician's reporting responsibilities under Iowa's child abuse statutes.

Under Iowa's AIDS statute, anyone (including minors) may apply for voluntary treatment, including contraceptive services. The fact that minors seek such treatment shall not be disclosed unless there is an exception in Iowa law.

Iowa law also requires that physicians who "reasonably believe" a child has been abused make a report. Child abuse includes the commission of a sexual offense with or to a child as a result of acts or omissions of a person responsible for the child's care.

A sexual offense includes a sex act with a child

- where the child is under the age of 12;
- where the child is 12 or 13;
- where the child is 14 or 15 and the other person is
  - √ a member of the same household,
  - √ related within the 4th degree,
  - √ in a position of authority over the child and uses that authority to coerce the child to submit, or
  - √ is six years or more older than the child.

A sexual offense involving a child under age 12 must be reported even if the offense results from acts or omissions of someone other than a person responsible for the child's care.

Should a physician automatically presume that a report is required if a child under 12 seeks contraceptives? The fact that the child is asking for contraceptives does not necessarily mean the child is having sex. Yet, the law clearly intends to particularly protect these children and a report generally would be advisable. The question is trickier for a 12 or 13-year-old who may be engaged in a consensual relationship which does not result from acts of omissions of a person responsible for the child's care. Again, physicians are advised to err on the side of reporting. Child abuse reporting laws are read liberally in favor of reporting. Physicians are protected from liability for filing good faith reports. DHS bears the responsibility of determining whether abuse actually occurred.

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society. Information in this column is not intended to be legal advice. Call your attorney with specific questions or concerns.

Freeman named top health care attorney

Jeanine Freeman, vice president of public policy and advocacy for the Iowa Medical Society, has been named to a national list of attorneys who excel in their specialties. A recent article in the *Business Record* listed Ms. Freeman as one of the top three health care attorneys in Des Moines. Ms. Freeman came to the IMS a year ago from the Dickinson law firm in Des Moines.

STUDENTS AND RESIDENTS LEARN

Spanish, patient care **at free clinic**

Every Monday evening, medical students at Des Moines' University of Osteopathic Medicine and Health Sciences (UOMHS) put away their books, drive across town and enter another world of education—La Clinica.

Here first and second-year medical students jot down medical histories, take vitals and perform simple triage of the Spanish speaking patients at this free clinic. Some are native Spanish speakers; others are academic learners looking to improve their skills. Most conversations still require some pantomime for communication.

"Working at the free clinic is a good break from studying," says Michael Aranda, a first-year student at UOMHS. "You get to come to the clinic for three hours to help people and do something you can feel good about."

Myra Oberto, a first-year student who grew up in Panama, says she likes being back in touch with her Spanish culture. "These people have no one to go to here with whom they can feel comfortable. It's nice to know I can help."

All the students emphasize that the time spent at the clinic is fun. "It's fun to interact with nurses, doctors and patients," says Erica Grogan, a first-year student. "It helps to see the big picture, to see medicine being practiced rather than just studying it."

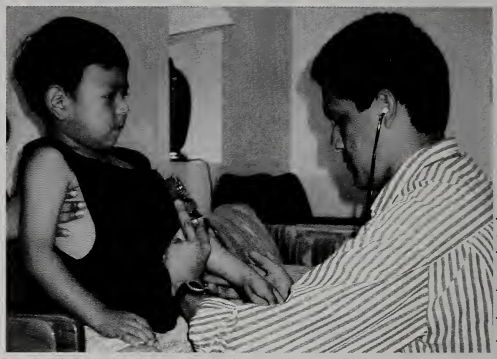


photo by Melaine Finke Sanders

Michael Aranda, first-year student at UOHMS, examines a patient at La Clinica.

Students work at clinics in the Health Care Access Network as part of two student clubs: the International Osteopathic Medical Student Association and the Christian Medical and Dental Society.

RESIDENTS LEARN AT LA CLINICA

Earlier in the day, La Clinica is filled with mothers and their babies under the care of family practice residents from Iowa Lutheran Hospital in Des Moines.

"Our clinic is a women's clinic providing prenatal, family planning and gynecological care to Spanish speaking patients in Des Moines," explains Cheryl Wetherington, RN, education coordinator for the East Des Moines Family Care Center and coordinator of the women's clinic at La Clinica.

All first and second-year residents are assigned to the clinic each year to gain experience in working with culturally diverse patients.

Bryan Hammar, DO, a third-year resident, says the gratitude expressed at La Clinica makes the work worthwhile. "They don't take medical care for granted," he says. "It's a great feeling to speak Spanish with patients and know you are really helping them."

DO student membership approved

photo courtesy of the University of Osteopathic Medicine

The Iowa Medical Society House of Delegates has approved a bylaws change that allows DO membership in the IMS student organization for the first time.

Although DOs have been counted among members of IMS for several decades, a bylaws glitch allowed only students from the UI College of Medicine to be members of the IMS-AMA Medical Student Section.

Medical students at the University of Iowa introduced a resolution at the IMS House of Delegates allowing DO students to form an organization on the campus of the University of Osteopathic Medicine and Health Sciences in Des Moines.

"MD and DO students have a common bond—they both aspire to be healers and to serve the public. The issues the student section deal with are of common concern. Having input from DOs will only strengthen the voice of Iowa students," commented Josh Rosebrook, IMS-AMA Medical Student Section co-president.

IMS staff plan to host student recruitment and education events on both Iowa campuses this fall.

Iowa doctor distinctions & AWARDS

MICHAEL ABRAMS, MD discussed methamphetamine effects on the brain at a recent hearing on narcotics control in Marion.

AMIR ARBISSER, MD and **LISA BROTHERS ARBISSER, MD** were guest surgeons for the Arunodaya Charitable Trust in New Delhi, India, providing charity eye clinics and surgery.

JOHN BRINKMAN, MD, IMS president, spoke at the UI College of Medicine graduation in May.

JAMES COLLINS, MD retired from the IMS Committee on Medical Education after 19 years as chairman.

FINLEY HOSPITAL was rated in the top one percent of hospitals with high overall patient satisfaction ratings.

REP. GREG GANSKE was recognized by the American College of Emergency Physicians for his legislative efforts covering emergency service care.

CHUCK HUSS, MD, treated a guide who suffered a broken leg on his trek up Mount Everest.

SINESIO MISOI, MD was recognized in the *Des Moines Register* for making sculptures using medical tools.

SCOTT NEFF, MD hired a limousine to take patient Claude Roberts home from the hospital because Medicare refused to pay for nursing care unless Roberts was taken by ambulance.

REBECCA SHAW, MD was recognized by the Young Women's Resource Center for her ability to make a difference in our communities and women's lives.

SIROOS SHIRAZI, MD was selected to serve on Reference Committee E (Science and Technology) at the June AMA Annual Meeting.

CLIFFORD SMITH, MD was named rural practitioner of the year.

DECEASED MEMBERS

JOHN RHODES, SR, MD, 81, life member, family practice, Pocahontas.

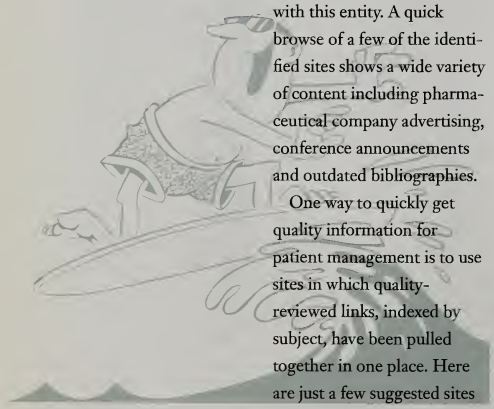
Stamp out

PMS (Pointless Medical Surfing)

Quality-reviewed links let you surf the web quickly and more efficiently.

by Melanie Wilson

An April 1998 article in *Science* stated that search "engines" such as Alta Vista, WebCrawler and others index only about one-third of the world wide web.[1] This is small comfort if you have just typed "subclinical hypothyroidism" into Alta Vista and been informed that there are over 200 web pages that deal with this entity. A quick browse of a few of the identified sites shows a wide variety of content including pharmaceutical company advertising, conference announcements and outdated bibliographies.



One way to quickly get quality information for patient management is to use sites in which quality-reviewed links, indexed by subject, have been pulled together in one place. Here are just a few suggested sites for finding such information.

Melanie Wilson is the coordinator of information services at Hardin Library for the Health Sciences at the University of Iowa.

MEDICAL MATRIX

Medical Matrix ranks Internet clinical medicine resources based on quality, peer review, full text content, multimedia features and accessibility. The aim of the site is to produce a resource that "provides access to digital clinical medicine documents that can be utilitzed during the time span of a patient visit." This large and organized site is free. To access it, point your browser to *www.medmatrix.org/index.asp.*

HEALTHWEB

HealthWeb pulls together links of quality health-related information as selected by academic medical center librarians across the midwest. An additional strength of this free site is that it includes sections not only for medical specialties and disease topics, but also for many other "hot topics," such as evidence-based practice, telemedicine and minority health. It also includes information for the clinician as well as information in lay language for patient education. Find HealthWeb at *www.healthweb.org.*

THE VIRTUAL HOSPITAL

The Virtual Hospital is an award-winning digital library of health sciences information. It is useful for its links to clinical information and patient education materials, but also for its numerous online textbooks and electronic CME opportunities. It includes a wealth of information on the University of Iowa Hospital and Clinics and its units, including referral and faculty information. Check into "the Hospital" at *www.vh.org.*

M.D. CONSULT

M.D. Consult is a site which might almost be thought of as an alternative to the office library. It includes the full-text of an impressive array of resources, including 36 standard medical textbooks, practice guidelines, drug monographs and several dozen journals including the "Clinics of North America" series. It also includes an option to allow registered users to get daily updates on new information added to the site and relevant to their interest area. There is a fee of $35 monthly ($420 per year). For more information, connect to *www.mdconsult.com.*

1 Lawrence, Steve, and Giles, C. Lee. "Searching the World Wide Web". Science. Vol 280, #5360, April 3, 1998, pp. 98-100.

ALLEVIATE FRUSTRATION:

Communicate with your patients

- ***The patient who withholds information***
- ***The patient who self-diagnoses, then demands antibiotics***
- ***The "know-it-alls" who have "researched" their condition***
- ***The patient with added complaints not mentioned until the exam is over***

These are a few of the frustrations listed by physicians at a MMIC sponsored Bayer Clinician-Patient Communication Workshop. Do you recognize any of your patients?

Establishing a productive, harmonious relationship with patients may seem difficult at times. Many physicians argue that they don't have time to spend bonding with every patient they encounter in a busy day. With reimbursements dwindling and patient loads swelling, some physicians object that spending time forming a relationship is not as important as treating the illness. This can be especially frustrating for new physicians fresh out of residency who've yet to be initiated into the rigors of daily practice.

This frustrating physician/patient relationship may actually be caused by poor communication between the physician and the patient.

Some tips for better communication:

- Spend a few moments at the beginning of the visit engaging the patient on a personal level to establish rapport.
- Agree on the agenda for the visit. "What do you hope to accomplish here today?"
- Empathize with the patient. Take a moment to acknowledge the emotional impact of an illness.
- Assume self-diagnosis with every patient. Discover what the patient is thinking.
- Educate your patients about their condition and correct any health misconceptions. Patients want to understand the mysteries of the medical world.

This column is provided by Midwest Medical Insurance Company especially for Iowa physicians. For more information, call Lori Atkinson, MMIC risk management supervisor, at (800) 798-9870 or (515) 223-1482.

It's time to *reflect*

Summer is a time of regeneration for the physician community. In late spring, over 16,000 graduates of U.S. medical schools receive their degrees and begin residency programs. Thousands more complete postgraduate programs and enter practice. Late in the summer the cycle begins anew; this year's matriculating students enter medical school full of anticipation as the class of 2002.

Experienced clinicians also use summer as a time for renewal. Fewer meetings, vacations and (at least for some) less acute illness bring respite and reconsideration of their commitments. It may also be a time for reflection. Am I staying current in the practice of my discipline? Do I care as much about what I am doing as in the past? Can I be more collegial, more generous, more selfless? Am I managing to balance the key activities in my life? Do I like how I am living?

In many physician groups this summer, at least one new eager face enters the professional fray. Will his or her colleagues see themselves in that person, just as the novice sees the future in them?

This column is written by Dr. Richard Nelson, executive associate dean, University of Iowa College of Medicine.

Baptism of fire:

Students in the third world

When an American with a suburban midwestern background arrives in a developing country for the first time, he is overwhelmed. That is certainly what I felt during my first week in Kenya. Gradually, however, I began to accept, adapt and finally, appreciate my experience.

—Patrick Bosch, MD

by Melanie Finke Sanders

photo courtesy of Scott Kaiser, MD

Although Dr. Kaiser encounterd many diseases while completing his clinical rotations in Haiti, he also made many friends.

Adaptation and appreciation of other cultures is the goal of medical students who annually participate in clinical rotations in third world countries. Some express an interest in public health; others want to learn a new culture and take on the challenges of caring for patients in primitive settings.

Through the Barry Freeman Memorial Fellowship at the University of Iowa College of Medicine, medical students are able to experience the practice of medicine in third world countries. Every year, 9-12 students receive the fellowship to offset costs of traveling to destinations such as Guatemala, Kenya and Zimbabwe.

The Iowa Medical Society Education Fund (IMSEF) also helps make these clinical experiences possible. IMSEF supports clinical experiences for 8-12 fourth-year medical students each year, including some students who do not receive funding through the Freeman Fellowship. Armed with this financial backing, a good education and a drive to succeed, Iowa students head to third world countries to learn the art of adaptation and patient care outside the United States.

The first thing medical students adapt to is a lack of supervision. Because of small, overburdened medical staff in many facilities, students are entrusted with providing primary care. Patrick Bosch, MD, who completed his rotation in Maua, Kenya in

Melanie Finke Sanders is coordinator of marketing communications for the Iowa Medical Society.

1996, says students are given the freedom to be primary care providers, even though their practice experience hasn't fully prepared them for the responsibility.

My experience as a medical student at Maua Methodist Hospital may have prepared me more for residency than any other rotation in my fourth year. From my second day onward, I was very much on my own with little supervision from the hospital's small physician staff—an experience that taught me to relax and rely on common sense basic medicine to treat patients for which I was clearly unprepared.

—Patrick Bosch, MD

Inexperience in medical practice is only part of the reason medical students are challenged by work in third world countries. A more significant factor is that diseases long dormant in this country continue to rage in third world countries. Scott Kaiser, MD, who participated in a short-lived rotation in Cap Haitian, Haiti last spring, says he came face-to-face with malaria, parasites and tuberculosis.

I encountered malaria, typhoid, various parasites, chronic skin ulcers, malnutrition, elephantiasis, sexually transmitted diseases, tuberculosis and even one case of anthrax. I treated what I could identify with whatever medicines I had available and tried to provide comfort to those I was unable to treat.

—Scott Kaiser, MD

photo courtesy of Scott Kaiser, MD

Dr. Kaiser treated many children in Haiti at his clinic.

Alison Abreu, MD, a 1998 graduate, spent time treating patients in a national rabies clinic during her eight-week rotation in Santo Domingo, Dominican Republic.

Rabies clinics are set up around the country to treat people who have been bitten by animals. I spent some time observing patients who had recently been bitten. Fortunately none of the patients I saw needed anti-rabies immunizations, but there had been one death in the country from rabies earlier that year.

—Alison Abreu, MD

In some countries, societal violence invades hospitals and clinics. From Haiti, where Dr. Kaiser was forced to end his rotation early because of attacks on missions and hospitals, to Kenya where citizens use machetes to decide arguments, medical students are responsible for treating the after effects of violence.

Another common presentation was machete wounds. Maua is in the heart of a prime growing region for "miraa," a tree whose fresh twigs can be chewed for an amphetamine-like high. Besides imparting a relative wealth on the region, miraa also gives people a commodity to protect and to attempt to steal. Fights over miraa, and sometimes adultery, often resulted in gruesome cuts which required extensive suturing. The experience was a pre-surgical medical student's dream.

—Patrick Bosch, MD

While the clinical experience was a dream come true,

continued on page 18

> "One woman was bleeding profusely, with blood pooling on the floor under her bed."

photo courtesy of Scott Kaiser, MD

Among many of the diseases Dr. Kaiser treated were malaria, typhoid, various parasites and abscesses.

the condition of most medical facilities was nightmarish. The lack of sterile surroundings and up-to-date medical equipment or supplies is the reality. Dr. Abreu assisted in a colonoscopy in a Dominican Republic gastroenterologist's one-room office. The patient, accompanied by his wife, daughter and neighbor, paid the physician with a live guinea hen, two bags of oranges, a bag of homemade candy and 100 pesos (about $8).

For Dr. Abreu, though, a tour of a local English-speaking medical school emphasized how economics affect the quality of care for patients in third world countries.

There were three rooms of surgery patients, each with 12-18 beds. There was no division between the beds, and some of the beds had no sheets as patients were required to bring their own. Patients' X-rays were stored under their mattresses on the bedsprings. There were several used needles lying around the floor of the wards and scattered around the halls of the hospital.

One woman was bleeding profusely, with blood pooling on the floor under her bed. We called a nurse to come and clean it up, and she proceeded to wring out her mop into the bloody bucket with her bare hands.

—Alison Abreu, MD

Dr. Abreu's experience assisting a vascular surgeon in an arterial bypass surgery proved almost as horrifying as her visit to the surgical wards.

About an hour and a half into the procedure, the electricity went out—a common occurrence in the Dominican Republic. It took at least five minutes before the generator started. Meanwhile, we waited in the dark room reassuring the patient, who was still conscious under an epidural anesthetic, that everything was okay.

—Alison Abreu, MD

Although adaptation proved gradual for students, their appreciation for their experience in third world countries is positive. Dr. Abreu developed a deep respect for the physicians trying to treat patients with few resources. Dr. Bosch credits the relationships with students, doctors and nurses as well as the "life experience" of living in Africa as enhancing his medical education.

UI graduate Nathan Timm, MD, who participated last year in a rotation at the Presbyterian Church Hospital in Kikuyu, Kenya, says his experience helped him make the transition from medical student to physician.

The responsibilities placed on me at the hospital quickly heightened my self-reliance and adaptability. Declaring five people dead in my first week, discussing a terminal cancer diagnosis with a patient and dealing with family members of an AIDS patient all challenged me to overcome my fears and adapt from a passive participant to the role of primary health care provider. My days in Kikuyu definitely hastened my steps from medical student to physician.

—Nathan Timm, MD

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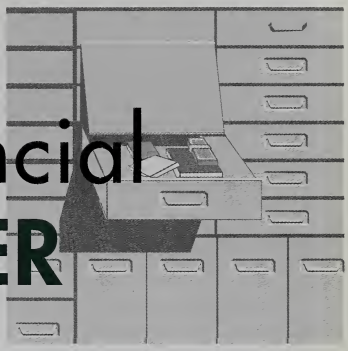


Whether you are a practicing physician or a physician-in-training, it's a good idea to keep your financial affairs in order.

by Jerry Foster

Are your financial records disorganized? Do you know the location of all your key documents? Can you imagine how hard it will be for your family members to find and sort them out if you die suddenly? At such a stressful time, the last thing loved ones need to have to deal with is record-keeping chaos. Here is a guide to creating a system that would make settling your affairs easier.

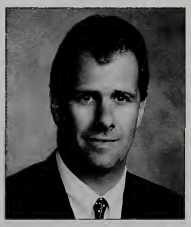
Create a file called 'Personal Financial Records' and put it in a file cabinet or better yet–a fireproof safe. In the file you should jot down the following information: your birth date, birth place, Social Security number, dates of any military service and particulars on marriages and divorces. You will also want to note the names, phone numbers and addresses of any financial advisers as well as your executor and guardians for your children. If you have given someone power of attorney, tell your family how to find them. If you have created any trusts, put down the names and how to find the trustees. Finally, if anyone owes you money, note the vital information about the loans.

This file should also list the institutions and account numbers of your bank accounts, credit cards, brokerage and mutual fund accounts as well as IRA and retirement account information. You will also want to note the location of your safe-deposit box and keys, plus the whereabouts of the following documents:

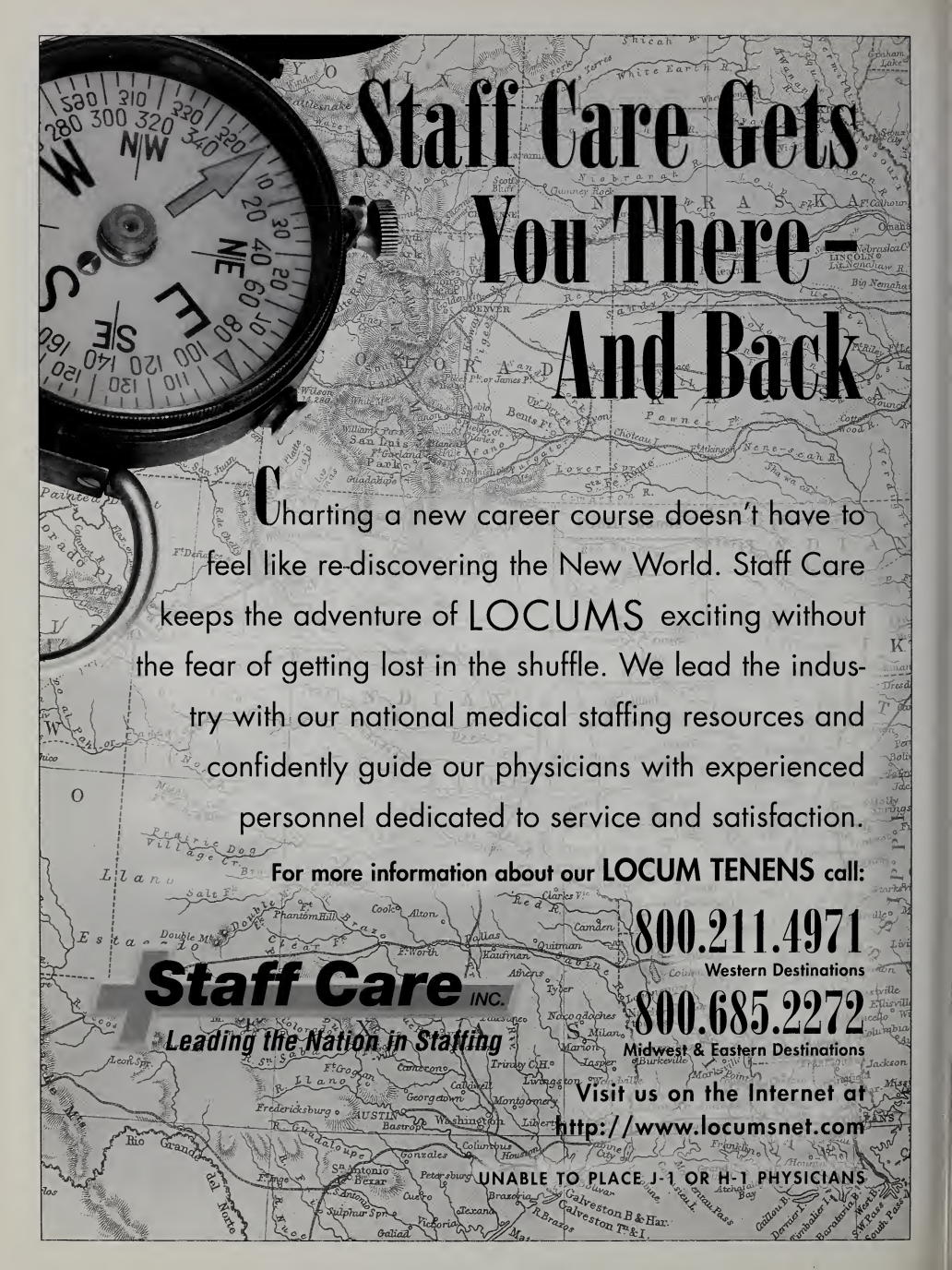
- birth certificate
- marriage certificate
- pensions records
- real estate deeds
- car title and registration
- cemetery deeds and burial instructions if you have them.

It is also a good idea to include the phone number for Social Security, and if you are a veteran, the number for the Veterans Administration to help your family obtain Social Security and veterans death benefits.

Putting your financial affairs in order won't ease the pain your family will feel about losing you. But it will eliminate other, completely avoidable anguish, and that is one of the best legacies you can offer.



Jerry Foster is the CEO of Foster Capital Management, a fee-only financial planning and investment management company located at IMS headquarters, (800) 798-1012.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Douglas Rex, M.D. Assocciate Program Director Division of Gastroenterology and Hepatology Indiana University School of Medicine Indianapolis, Indiana	**"Colorectal Cancer Screening: Who? When? Why?"**
Nimish Vakil, M.D. Clinical Professor of Medicine Section of Gastroenterology University of Wisconsin Medical School Milwaukee, Wisconsin	**"Is the Only Good H.Pylori A Dead H.Pylori?"**
Jon A. Vanderhoof, M.D. Professor of Pediatrics Division of Pediatric Gastroenterology University of Nebraska College of Medicine Omaha, Nebraska	**"Spectrum of Functional Gastrointestinal Disorders in Children"**

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Working TOGETHER to become "family friendly"

This article was written by Diane Trimble, IMSA president

Medicine has changed during the 25 years I have been a member of the Iowa Medical Society Alliance. With the increasing number of two career families, it is difficult to juggle work and family and still be able to participate in volunteer organizations. Thus, being "family friendly" is very important to get participation.

I see two ways that the the IMS and IMSA can work together to increase participation by two career families and male spouses: joint communication and joint publicity about the IMSA and IMS annual meetings.

Kansas is one state that does this. In a single brochure, members of both organizations can see what events are available to the physician and spouse (maybe the whole family). The IMSA will have a member on the IMS Annual Meeting program committee for the first time this year.

Another area is joint educational programs. Some programs are well suited to this and even physician-oriented topics may be of interest to spouses because of their own careers or to keep abreast of the changing medical environment.

next month

September/October *Iowa*Medicine

◆ "A New Attitude," the Iowa Medical Society's first-ever retreat for women physicians, will be Friday and Saturday, October 9-10, at the West Des Moines Marriott. In anticipation of this event, the September-October Iowa Medicine salutes Iowa's women physicians. Read about issues affecting the lives and practices of women in medicine.

◆ The traditional practice mode doesn't always work for women physicians with family responsibilities. Read about women who are shaping new modes of practice and about a special panel discussion of innovative practice arrangements to be held during the IMS Retreat for Women Physicians.

◆ Don't settle for less! Nancy Dickey, MD, who was just installed at the first woman president of the American Medical Association, says equal contributions should bring equal rewards.

◆ When it comes to leading healthy lifestyles, women physicians are true role models for their patients.

◆ Getting more women into IMS leadership was a topic much discussed by the Iowa Medical Society's Task Force on Strategic Planning.

◆ Gender discrimination in the medical workplace, web site resources for professional women and much, much more!

IMS Education Fund contributors

~Walter L. Bierring Donor Society~

The IMS Education Fund supports scientific and public health education and administers a medical student loan program. Since April 1995, a total of $169,630 has been contributed or pledged by the following physicians. Although we are unable to personally thank every contributor, we extend our heartfelt appreciation to all who have supported the activities of the IMS Education Fund.We hope you will continue to "give back to your profession."

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Iowa City area—Opportunities in primary care practices are available as early as July 1, 1998. Practices are affiliated with Mercy Iowa City. We are currently looking for Board Certified FPs for our Coralville and Kalona offices and either a FP or IM for our Williamsburg office. We offer a base salary plus incentive with a wide range of benefits. Interested physicians should contact Bill Watts, Vice President, Mercy Services Iowa City, Inc. at (319) 339-3541 or fax a CV to (319) 339-3935.

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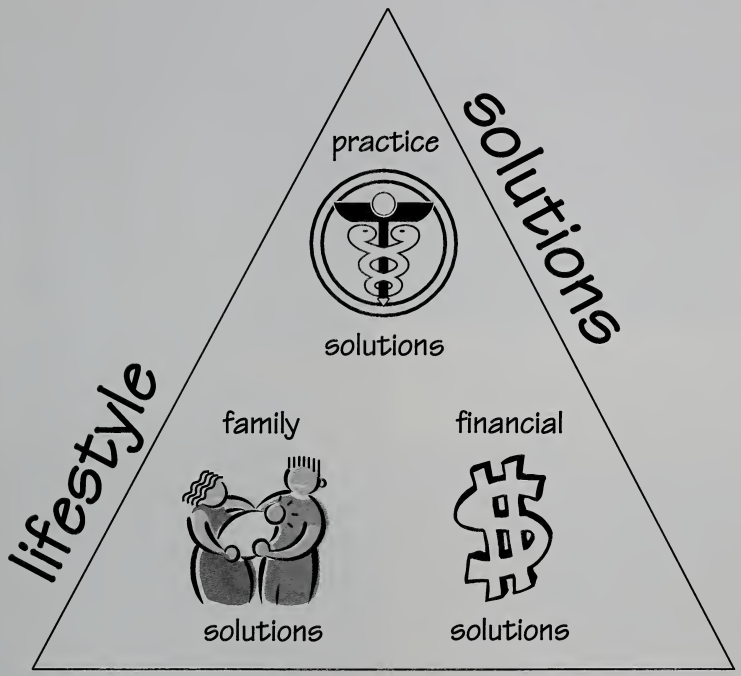

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Iowa Medicine
September/October 1998
An Iowa Medical Society publication

Women physicians juggle families and careers

Innovative practice arrangements help women take control
— page 16

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Iowa **Medicine**

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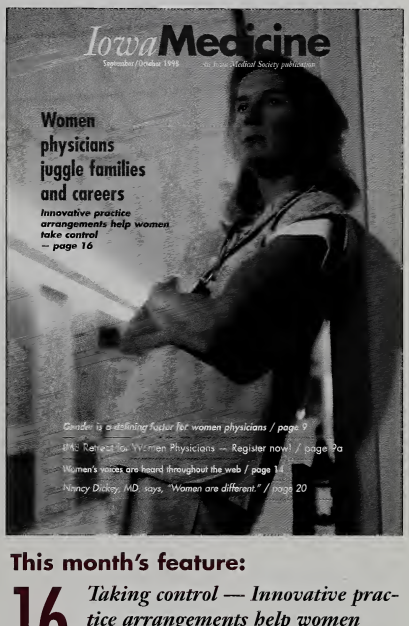

This month's feature:

REGULARS

You are cordially invited to participate from the comfort of your home

Claudia Corwin, MD
General Surgeon
Iowa City

You want to be involved in organized medicine.

After all, you believe that physicians should work together to ensure quality patient care. You definitely don't want the insurance companies and HMOs controlling how you care for your patients.

But the truth is, you don't need another commitment in your already overcommitted life—at least not one that requires a lot of your time.

IMS involvement can be easy

The IMS understands that involvement can be difficult for physicians. That's why its leaders—busy physicians like you—have developed avenues for involvement at whatever level you feel you can participate. You don't even *have* to leave home to make a difference for your patients.

- Participate in virtual associations of physicians who share your interests
- Voice your concerns about patient care, insurance companies or organized medicine by Internet from your home computer
- Provide input at committee meetings by conference call, fax or e-mail
- Attend family-friendly meetings like the IMS Retreat for Women Physicians where you can voice opinions and network with physicians experiencing similar life challenges

Meeting individual physician needs

Concern for individual practitioner needs, both male and female, is welcome. My own unique needs revolve mainly around juggling profession and family.

Beth Bruening, MD
Ophthalmologist
Sioux City

Tailoring activity for individuals

Elaine Berry, MD
Family Practice
Atlantic

My time spent in committees has always been an enjoyable change of pace. I find a sense of renewal in exploring a broader perspective of medicine.

IMS

Interested in being a member?
Want to tailor your involvement in the IMS?
Contact Melanie Finke Sanders at (800) 747-3070 for information on how you can participate in the IMS.

WOMEN bring unique skills TO A PRACTICE

Women physicians have special skills which enhance our practices, says IMS president.

by John Brinkman, MD

There were two women in my graduating class of 113 at the University of Iowa College of Medicine. This year, women comprised 42 percent of the graduating class at the U of I College of Medicine and 36 percent of the graduating class at the University of Osteopathic Medicine and Health Sciences (UOHMS). Of the 157,387 U.S. women physicians, over three-fifths are in office-based practices. Of this group, 63 percent practice internal medicine, family practice, obstetrics/gynecology, pediatrics, psychiatry and anesthesiology.

What makes women physicians unique? Women physicians score higher on patient satisfaction surveys and help build practices quicker. Male family practice physicians average 28 daily patient encounters; female physicians average 24. Women spend 50.7 hours per week in direct patient care; men spend 55.3 hours.

In preparing this article, I interviewed female colleagues in Mason City who provide the same patient care I do, but also have a second job—their home and family.

We need to rethink the value that women physicians bring to our practice. Patient satisfaction, perception of care, attracting new patients and a fresh viewpoint are among these strengths.

We must redefine traditional compensation based solely on production to reward a mix of skills. Usually, full-time women physicians are the primary wage earner for the family.

We have often failed to offer spouses of our female colleagues the same opportunities for socializing and support that we have for our wives. Issues that also need to be addressed include increased representation in governance (especially for part-time physicians), improved maternity leave, a better understanding of child care and single parent issues and enhanced understanding and support by peers.

The IMS has been fortunate to have many women physicians in leadership roles, including a past chairperson of the Board of Trustees. The IMS is constantly looking for ways to involve women physicians. As president, I need the wisdom obtained through interaction with *all* members of the medical community. Women physicians bring enormous value to their families, communities and their profession. I applaud them and encourage them to help us forge a medical society whose strength is representing every Iowa physician.

Dr. Brinkman is an internist practicing in Mason City and president of the Iowa Medical Society.

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Alan S. Brown, M.D. Clinical Associate Professor Department of Medicine/Cardiology Loyola University Stritch School of Medicine Maywood, Illinois	**"Treat to Target: A Critical Goal?"**
Arnold D. Bullock. M.D. Instructor of Urology/Urological Surgery Washington University School of Medicine St. Louis, Missouri	**"Impotence: The Mystery, The Miracle!**
Scott Carollo, M.D. Staff Cardiologist Bergen Cardiology Specialists Omaha, Nebraska	**"New Guidelines, New Paradigms: Angiotensin Receptors"**
George W. Sledge, Jr., M.D. Professor of Medicine/Pathology Indiana University School of Medicine Indianapolis, Indiana	**"Breast Cancer Treatment in the 21st Century: Future Options"**
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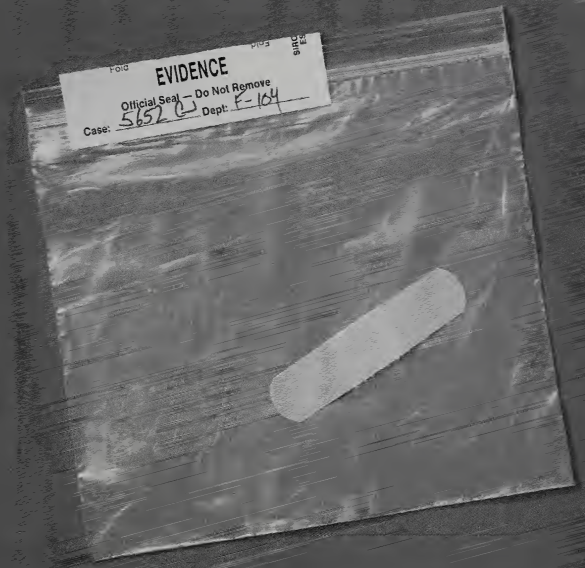

exhibit A:

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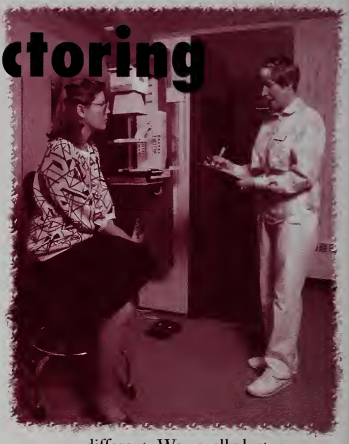
Relationships are THE KEY to doctoring



Are HMOs beginning to realize that a big part of doctoring is relationships?

Most managed care companies, including Kaiser Permanente, now have programs aimed at optimizing the physician/patient relationship.

"HMOs are beginning to understand that there needs to be a comfortable middle between reducing wastage and letting redundancies proliferate," noted Richard Roberts, MD, JD, professor of family medicine at the University of Wisconsin. "If you push people to the extremes of apparent productivity, you lose opportunities to develop relationships between patients and physicians."

Terry Stein, MD, the director of clinician-patient communication for the Northern California region of Kaiser, says the company offers such programs to physicians on an ongoing basis. She says the one-day workshops focus on showing physicians how to establish a solid rapport and conduct an effective interview in a short visit.

There are also workshops on how to deal with difficult visits and how to talk with patients about smoking cessation, diet, alcohol control and safe sex.

"The communication required in these situations is different. We usually lecture and explain, then assume the patient will follow our instructions," she says. "It's not true, patient compliance is a big problem."

Patient satisfaction measured six months before physicians took the course increased considerably when measured six months after the course.

changing PARTNERS

J. Tucker Nelson, MD joined Northeast Waterloo Internal Medicine.

Bill Lawton, MD is serving as interim medical director of Covenant's dialysis unit.

Drs. Frank Veltri, Steve Morrison and **Gerald Wienke** joined the Mercy Family Care Network.

Contact Tina Stoner at the IMS, (515) 223-1401, (800) 747-3070 or by email at kstoner@iowamedicalsociety.org if you have news about physician practice changes.

MBS graduates

Congratulations to the following graduates of the IMS Medical Business Specialist program: Penny Salladay, Rosie Penning, Cindi Shanks and Joan Peter.

Be **COMFORTABLE** with who YOU are

Your gender is an important factor in defining your identity as a physician.

by Kathryn Opheim, MD

I am not a feminist. I am not a champion of solely women's careers. I am, however, a woman working in a field dominated by men. I consider myself equal to the men who have chosen the same career.

Through medical school (15 percent women) and residency (the third woman ever at my program), I worked hard to show my equality. I did not want to be "one of the boys" (wrong chromosomal mix anyway), nor did I want to be the cutesy blonde (blonde, yes, but no good at the fluffy stuff). It didn't take long to see that if I was comfortable with ME — my roles as a woman, student, wife, physician — the only thing to prove was that I was a good doctor. My identity as a woman really was immaterial.

Then came a solo family practice, the first female primary care physician in a community of 100,000. I was full-time busy from the moment I hung up my diploma. Staunchly, I defended the concept of family medicine. New patients were only accepted as family visits — I was NOT a gynecologist seeing only wives, with the husbands at the internist and the kids at the pediatrician.

After 15 years of practice, I've mellowed and times have changed. There are eight primary care women in town now, and all are as busy as they chose to be. Our office of only women providers still takes some new patients and almost all of them are women or young families.

When asked why they come to women physicians, these patients offer many observations. The women are comfortable with exams by women (for a change). They figure we KNOW what it feels like to have a pap smear. We don't appear to be driven only by the bottom line. They are not just a herd of patients shoved through the office. We sympathize, we empathize, we nurture, we mother, we scold, we wipe away tears, we bring out smiles. We draw from all of those qualities that make us uniquely female, and these same qualities make us good doctors.

I may still not be a feminist, and I still look at my male peers as equals. Now, though, I see how my identity as a woman helps define my identity as a physician.

Dr. Opheim is a family practitioner practicing is Sioux City and chair of the program committee for the IMS Retreat for Women Physicians.

STOP, LOOK, AND LISTEN!

We're conditioned from childhood to STOP, LOOK AND LISTEN!!

This old railroad slogan is big
Around our shop, since we've got a room or two of model trains.
Come and see them if you get a chance.

So what does STOP, LOOK AND LISTEN mean to you and all of us?

STOP!

We all need to
Stop and review our and your critical insurance protection,
At least annually.
Are they secure and cost effective in today's uncertain market?

LOOK!

We need to
Look around at what's happening in the volatile
Insurance industry these days.
Whether it's health, life, disability
Or any other coverage, it's critical that you know
What the options are!!

LISTEN!

Listen is what we do at Bernie Lowe & Associates.
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For our clients.
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Compassionate care— LEGAL BENEFITS, TOO

Do you have a legal responsibility to be nice to your patients, too?

by Jeanine Freeman, JD

Dr. Brinkman's article talks about the many excellent patient skills women physicians bring to the practice of medicine. The law of medical negligence places high value on the compassionate care that is often demonstrated by women physicians.

Physicians owe a legal duty to care for their patients consistent with standards of medical practice. A breach that proximately causes harm to the patient is actionable. Expert testimony usually is required.

Clinical care is one thing, but do you owe a legal duty to be nice? If so, how do you breach that duty? Is there no end to the demands?

Medical services engender deeply emotional responses. Negligence can be considered for a breach of professionalism. In that context, emotional injury absent physical injury may be compensable. Expert testimony may not be required.

The Iowa Supreme Court, though, is cautious. A physician ordinarily need not answer in tort for rudeness. Two factors must be established before liability can be considered for lack of professionalism: 1) the physician's behavior must be extremely rude or crassly insensitive and 2) the patient must be unusually vulnerable.

These factors were found in a case with a series of behavioral events. A pregnant woman, left in a hospital corridor, became hysterical after medical professionals ignored her pleas that she was delivering her premature infant. Earlier she was told that if she did miscarry, she would deliver a "big blob of blood" and not a baby. A physician had loudly argued outside her room that he did not want to take care of her and that he was "sick and tired" of covering for her regular physician. Upon birth, the infant was declared to be stillborn, wrapped in a towel and left on an instrument tray. When touched by her father several minutes later, the infant responded, but he was told that it was a reflex motion; a subsequent exam revealed that the baby was alive. The infant, weighing only one pound, died 12 hours later. The court said the parents could recover for emotional distress.

Rudeness, standing alone, may not be actionable, but compassionate physicians are far less likely to be sued. Most importantly, caring is healing to the patient and consistent with basic tenants of medical ethics focused on both competent and compassionate care.

Look for information in future issues on the AMA EPEC (Education for Physicians on End of Life Care) project; the EPEC curriculum has examined delivering the news of a life-threatening illness as an essential clinical competency.

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society. Information in this column is not intended to be legal advice. Call your attorney with specific questions or concerns.

reimbursement

IMS STAFF hears *more on* **new PART B** carrier

IMS staff met with management of Blue Cross Blue Shield of North Dakota (BCBSND), Iowa's new Part B Medicare carrier set to assume carrier responsibilities here November 1. A transition team has been in Iowa since early July.

With the addition of Iowa, BCBSND will process about 50 million claims annually in 11 states. The company plans to maintain offices in Des Moines employing current Iowa Part B nonmanagement personnel. The company's home base is in Fargo with 440 employees. There are another 90 employees in Denver and 70 in Seattle.

BCBSND management told IMS staff that the Carrier Advisory Committee will remain in place. Local medical review policies will continue for at least a year. Initially, there will be no changes in the electronic claims process (including the phone number).

However, early next year there will be changes in the electronic claim receipt processes. Providers will send all paper claims and correspondence to North Dakota.

healthy iowans

WOMEN physicians **Practicing** what they ***preach***

Women physicians lead healthier lifestyles than women in general, according to the first-ever study comparing women physicians' health habits to those of other U.S. women.

Women physicians are one-seventh as likely to smoke and half as likely to have ever been smokers. Women physicians who do smoke (3.7 percent) consume fewer cigarettes per day and are more likely to have at least one day when they abstain from smoking.

Women physicians were less likely to report abstaining from alcohol, but they reported drinking only twice a week on average and drinking less per episode.

Other findings of the study include:

- Women physicians consistently undergo screening and testing more recently than the general female population.
- Women physicians eat more fruits and vegetables and less fat.
- Women physicians are more likely to wear seatbelts than other women.

The conclusion? Women physicians, unlike other women, exceed the goals stated in Healthy People 2000.

IMS featured in *AM News*

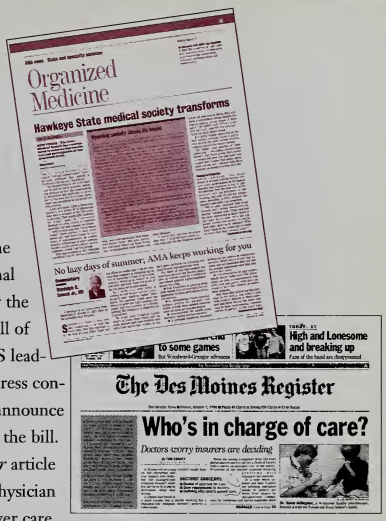
The Iowa Medical Society's strategic planning process was featured in the August 3, 1998 *AM News*.

The article, **"Hawkeye State medical society transforms,"** described changes in governance and structure approved by the 1998 IMS House of Delegates to make IMS more relevant and accessible to physicians across the state.

A particular focus of the story was the new 'local choice' model of representation in the IMS House of Delegates. This model allows physicians complete freedom of choice in how they are represented rather than tying House representation to county affiliation.

Harold Miller, MD, past IMS president and Kathryn Opheim, MD were interviewed. Both were members of the IMS Task Force on Strategic Planning. Mike Abrams, IMS executive vice president, was also quoted.

An IMS survey of physician concerns regarding managed care also made the news recently — a front page story in the *Des Moines Register* at the height of the congressional debate over the Patients' Bill of Rights. IMS leaders held a press conference to announce support for the bill. The *Register* article discussed physician concerns over care denials and unreasonable amounts of time spent in obtaining coverage for recommended treatments or procedures.


Organized Medicine

Hawkeye State medical society transforms

No lazy days of summer, AMA keeps working for you

To some games

High and Lonesome and breaking up

The Des Moines Register

Who's in charge of care?

Doctors worry insurers are deciding

If you missed either of these articles (or results of the managed care survey) and would like copies, call Chris McMahon at IMS, (515) 223-1401 or (800) 747-3070.

AMA award to Ganske

The American Medical Association will give Iowa Representative Greg Ganske, MD its prestigious Nathan Davis Award at a special ceremony September 23 in Washington, D.C.

The award is given in recognition of Rep. Ganske's work on patients' rights, gag clauses and patents for medical and surgical equipment.

The Nathan Davis Award, named for the AMA's founder, is given to elected and career officials whose contributions have promoted the art and science of medicine and betterment of public health.

IMS leaders go to Washington

A contingent of Iowa Medical Society leaders traveled to Washington, D.C. in late July to discuss the Patients' Bill of Rights with Iowa's congressmen.

The fly-in was part of a nationwide lobbying effort launched by the AMA in support of legislation ensuring patient rights under managed care. The Iowa contingent included Tom Evans, MD of Des Moines, IMS vice president; David Carlyle, MD of the IMPAC Board; and Gene Herbek, MD of Sioux City, chair of the IMPAC Board.

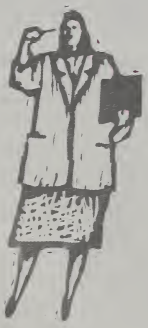
Rep. Greg Ganske led the charge on the bill.

Members of Iowa's delegation pledged to try to work out a compromise on patients' rights legislation. As of press time, the sticking point was a provision in the Patients' Bill of Rights which would allow patients to sue HMOs.


(From left) David Carlyle, MD, IMPAC Board; Mike Abrams, IMS executive vice president; and Tom Evans, MD, IMS vice president, on their way into the Cannon House Office Building during a recent Washington, D.C. fly-in.

women's voices ONLINE reflect many roles

Women pride themselves on being vibrant individuals with life roles varying from professional to mother and wife to community leader. Whatever your chosen roles, Internet companies and independent sites alike are clammering for women visitors with sites addressing the myriad of roles every woman plays.



WOMEN.COM

Check out "women.com" for quick links to the top sites for women. Easy to use, the site links you to specific sites covering professional issues, pregnancy, parenting and healthy living. You can also choose from a list of hot topics which will zip you to the appropriate sections of featured sites. Among the sites featured at "women.com" is *Prevention* magazine's "Healthy Ideas"—a site full of easy, healthy meal ideas and recipes, quick exercise routines and information about the use of herbs and vitamins. Another featured site is "Beatrice's Web Guide," a site that reviews top sites for women.

www.women.com

PROFESSIONAL ADVICE

"Women's Connection Online" (WCO), another gateway site dedicated to women, offers timely career advice on such topics as salary negotiations, communication skills, child care and equality in the workplace. Also coming soon to "WCO" are two top magazines for professional women: *Working Woman* and *Working Mother*.

www.womenconnect.com

The National Association for Female Executives also publishes an online magazine for professional women. *Executive Female*, NAFE's member publication, features profiles of successful women and skills development articles.

www.nafe.com

"Women's Wire," self-described as "smart, sophisticated and just a little cheeky," also features professional advice. Beyond style makeovers and manager's secrets, "Women's Wire" offers a money channel powered by Bloomberg. The money channel provides investing, tax and family finances advice especially for women.

www.womenswire.com

FAMILY

"Crayola's Family Play" should be the first stop for every busy parent. Complete with a family discussion forum and a database of activities searchable by age, skill and location, "Crayola's Family Play" makes spending quality time with your children easy. Pick up five easy games to improve your child's listening or surf the net with your older child to solve the "Mystery of Mars," a puzzle that encourages Internet research. And be sure to stop by the site every evening to pick up a new bedtime story from Golden Books.

www.familyplay.com

Brush up your pediatric skills at "The Informed Parent." An online journal from a pediatric practice in California, this site features articles such as "The Videogame Dilemma" and "Say What You Mean: How to Communicate with Your Child."

www.informedparent.com

Medical record documentation: Help or hindrance?

The quality of medical record documentation is a critical factor in efforts to prevent and control patient injuries, malpractice claims and malpractice claim losses. Deficiencies in documentation can have significant consequences in three areas:

- **Causing patient injuries**: Many injuries occur because of errors or omissions that preclude physicians and others from rendering appropriate treatment.
- **Filing of malpractice claims:** In determining whether to file a claim, plaintiff attorneys scrutinize the medical record for evidence of the appropriateness of care.
- **Defense of claims:** Medical records are one of the primary sources of evidence used by the jury in deciding whether a physician is liable for malpractice.

This column is provided by Midwest Medical Insurance Company especially for Iowa physicians. For more information, call Lori Atkinson, MMIC risk management supervisor, at (800) 798-9870 or (515) 223-1482.

The significance of the record becomes even more apparent when it is recognized that a medical malpractice suit won't come to trial for many years after the incident in question. At that point, physicians are unlikely to have any independent recollection of their treatment of a patient.

Guidelines for Good Medical Records:

Complete: The medical records should include comprehensive documentation of the patient history, clinical findings, test results, treatment rendered, future treatment plan and the reasoning behind the treatment selected.

Consistent: Following a consistent format helps to ensure that pertinent information is not overlooked.

Legible: Although physicians can usually read their own writing, errors and injuries may occur when others cannot.

Accurate: Misplaced decimal points, inadvertent use of wrong terms and incorrect transcription have great potential for causing injuries.

Timely: Recording events as soon as possible after they occur is the best way to ensure accuracy and completeness and is of particular significance in the defense of a claim.

Objective: The medical record should be based on facts and clinical judgements. Subjective, disparaging comments about patients are not appropriate and create the impression that personality factors, rather than sound medical judgement, dictated the treatment.

UI FIRST co-ed med school

Few University of Iowa College of Medicine alumni are probably aware that their college was the first co-educational medical school in the United States! In the inaugural matriculating class of 1870, there were 10 women among the class of 37 students.

Were these pioneer Iowa medical educators early feminists? Sadly not. The charter of the University required that women be eligible for admission to the same curricula as men. Histories of the period note that the male-dominated medical profession did not view this intrusion of women into their new citadel with enthusiasm.

Five generations later, women are achieving parity with men in admissions and gaining strength in most arenas of the profession. More is to be accomplished before medicine is truly gender-indifferent, but equal opportunity for women must be a commitment for medical educators.

This column is written by Dr. Richard Nelson, executive associate dean, University of Iowa College of Medicine.

Taking CONTROL

More physicians are looking for ways to create harmony between personal needs and professional responsibilities.

> "The days of 'I'm a doctor, you're my spouse' are long gone."

In 1976, female physicians averaged 44 hours a week, male physicians 53. By 1994, according to a nationwide survey published in *JAMA*, doctors of both sexes employed by HMOs averaged 56 hours per week.

"The workaholic pace seems to have gotten worse as medicine becomes more of a business," comments John Pfifferling, director of the Center for Professional Well-Being in North Carolina. Adding to the problem are fundamental changes on the home front. Many doctors are laboring under a personal time crunch brought on by a dual-career marriage. While shouldering a heavier workload, these physicians can't count on a stay-at-home helpmate.

"The days of 'I'm a doctor, you're my spouse' are long gone," says Wayne Sotile, author of **The Medical Marriage**. "I see doctors who work 60-plus hours a week under toxic stress. If their spouses also have demanding careers, a carefully crafted partnership must be forged. If not a crisis is likely to develop quickly and loudly." Nine of 10 female physicians have employed husbands; nearly half of physician wives have paid jobs.

OLD HABITS DIE HARD

Some physicians are carting around old habits that further strain family life, says Ahnna Lake, MD, a Vermont family physician. She traces the roots of the imbalance back to medical training, where kudos were reserved for residents who slept the least and worked the most. "People are sleep-deprived and surrounded with messages that demand total sacrifice of all personal needs."

STOICISM IS BAD FOR PHYSICIANS, PATIENTS

Some physicians adopt a stoic attitude. "They may not desire balance in their lives," says Dr. Lake. "Lots of doctors believe it's a weak goal."

Such stoicism may well be bad for physician and patient alike. Deciding to develop harmony in life doesn't require doctors to resign themselves to lower professional standards. In fact, a recent *JAMA* article titled "Calibrating the Physician" proposed expanding medical training to include self-care.

How can doctors take control? Usually it requires a combination of deliberate personal and organizational change, says Pfifferling. First and foremost, physicians must identify their priorities, then use those values to guide their lifestyle and business choices. One female

These articles are excerpted from **Hippocrates,** *as redistributed through Medscape, an Internet site featuring valuable information for physicians. Check it out at: www.medscape.com*

physician had worked grueling hours ever since training to prove she could keep up with her colleagues. Much later, dispirited over the little time she had with her family, she realized she was still working the same killer schedule even though she no longer needed or wanted to.

RESENTMENT & RESISTANCE

In most organizations, a doctor seeking more personal time or a schedule adjustment is likely to face resistance and resentment. In some cases, talking things out will yield a solution everyone can live with. Part-time physicians may be able to soothe bruised feelings by reassuring partners that they'll shoulder a fair share of financial and administrative responsibilities.

"I tell doctors to look for practices or other organizations that offer career-counseling services, that allow regular redefinition of goals and objectives and that tolerate a diverse way of doing things," says Pfifferling.

Making time for a richer personal life can be simplified, too. No one is advocating a frantic daily dash to touch all the bases. It's more a matter of creating harmony over time — in the fullness of a week or month, and ultimately, a lifetime.

A LIFE-FRIENDLY practice

In an effort to balance their lives, some physicians have banded together to create entirely new organizations. San Francisco internist Laurel Dawson, MD, for example, a 43-year-old mother of four, helped start a private medical group that gave her the freedom she wanted to spend time with her family and pursue leisure activities.

The Bayspring Women's Medical Group, which Dawson co-founded in 1988 with two other doctors, now has 11 female obstetricians and internists. Most are part-timers; more than half have children at home.

"We try to work with the individual needs of the doctors," says Dr. Dawson.

Bayspring requires doctors to work at least half-time seeing patients, but they have a great deal of latitude in designing their schedules. Dr. Dawson plays tennis on her two weekdays off; others fit in time for music, dance and travel. Bayspring's focus on flexibility continues to attract new physicians. Recently, one internist chucked 60-hour work weeks at a traditional clinic for three days a week at Bayspring. Her reasons? To enjoy more time with her children and train for triathlons.

Meetings take place during the workday. Physicians take turns being on call for a full week, so days off are truly free.

There are drawbacks, however. Expenses can be troublesome because employing part-timers keeps overhead high, and partners must deal with tensions inherent in parceling out administrative and financial responsibilities fairly.

Physicians who decide to downshift had better be prepared to make lifestyle compromises, Dr. Dawson warns. "It's a simple equation. Spending more time with your family equals less money."

Innovative practice arrangements will be the topic of a panel discussion during the IMS Retreat for Women Physicians October 9–10, 1998.

Dr. Dawson says unbelievable pressures early in her career shaped her vision for a more family-friendly practice

We've come A LONG WAY BUT WE'VE GOT A LONG WAY TO GO

WOMEN PHYSICIANS BY SPECIALTY
(highest ranked by number of women)

	1970	1980	1990	1996
TOTAL	25,401	54,284	104,194	157,387
Internal Medicine	2,383	8,130	19,171	30,087
Pediatrics	3,816*	8,189	15,675	24,271
General/Family practice	2,486**	4,677	10,602	17,791
Psychiatry	2,459	4,361	8,170	10,586
OB/GYN	1,337	3,243	7,551	11,865
Anesthesiology	1,516	2,388	4,608	6,568
Pathology	1,273	2,215	3,716	4,977
	1970	1980	1990	1996
Other specialties	4,726	9,367	21,826	32,108
Unspecified	1,391	2,136	1,968	3,285

Source: Physician Characteristics and Distribution in the U.S., 1997/1998 edition & prior editions. (The total number of women physicians designated as inactive, not classified and address unknown was 14,914 in 1996.)

Note: In 1970, only seven specialties had more than 1,000 women physicians, representing 60 percent of all female physicians. By 1996, 18 specialties had 1,000 or more women, representing 83 percent of the total female physician population. The specialities of internal medicine and pediatrics continue to attract more women physicians.

* Exception in ranking.

** Includes only general practice, data on family practice were not available prior to 1995.

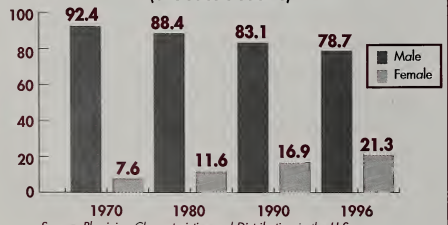
INCOME/TOTAL BY YEAR
(unadjusted net income among nonfederal physicians, excludes residents)

	1982	1984	1993	1995
All physicians	$97,700	$108,400	$189,300	$192,800
Male	100,800	112,500	188,600	205,800
Female	63,700	68,000	124,900	143,300

Source: AMA Center for Health Policy Research. Socioeconomic Monitoring System Core Surveys for 1995-96.

Note: Unadjusted net income for female physicians averaged 69 percent of male income, compared to 66 percent in 1993. Female physicians remain less likely to be self-employed than male physicians, and are more likely to be employees. Other factors contributing to the lower incomes of women physicians are that they are overrepresented in the lower-paid specialities, see fewer patients and have less experience.

PHYSICIANS BY GENDER
(excludes students)



Source: Physician Characteristics and Distribution in the U.S., 1997/1998 edition & prior editions.

WOMEN PHYSICIANS BY PROFESSIONAL ACTIVITY

	1970	1980	1996	PERCENT FOR '96
TOTAL	25,401	54,284	157,387	100
Patient care	18,362	39,969	134,381	85.3
Office based	9,217	20,609	86,056	54.6
Hospital based	9,145	19,380	48,325	30.7
Residents	5,464	13,322	34,100	21.6
Physician staff	3,681	6,038	14,225	9.0
Other Prof. Activity	2,956	4,737	8,092	5.1
Medical teaching	N/A	1,090	2,386	1.5
Administration	N/A	1,178	2,475	1.6
Research	N/A	2,077	2,562	1.6
Other	N/A	392	669	.4

Source: Physician Charact[illegible] of women physicians desig[illegible]ctive, not classified and address unknown was 14,914 in 1996.)

Note: Between 1970-1990, women physicians in patient care increased by over 100 percent which was largely accounted for by the increase of women physicians in office-based practice. By 1996, 54.6 percent of women were office-based.

Riding *on the front* OF THE WAVE

The new AMA president knows plenty about women physicians in leadership.

by Nancy Dickey, MD

Women are more visible across the entire face of medicine.

Some of us have been lucky enough to be on the front of that wave. We've heard the criticism about inadequate visibility and inadequate number of women in leadership positions. In fact, I've been criticized for saying: "Give it a little time. Most women are new to the profession and young. It simply takes them time to climb to the top." Now we've had enough time to reach critical mass.

Nancy Dickey, MD is president of the American Medical Association.

It's important that we remember our mentors, like Elizabeth Blackwell, MD, the first modern woman physician, and others who went ahead of us and said, "We're doctors first, and woman, ethnic identity or whatever second."

In fact, for years, I used to say women physicians are no different from men. But as I watch, I think my experiences are different just because I'm a woman. I juggled a family and a career and then added a second career of medical organizational leadership.

I probably interact with patients slightly differently, because I'm a woman. Just as we need the perspective of several generations, we need the wisdom of both genders.

Women aren't yet on a par with men. A specialty's income and prestige is thought to go down when women enter in large numbers.

So tell women colleagues: Beware. Don't let the fact that you're juggling the additional career of motherhood give anyone the idea that you're less valuable than a man. Equal contributions ought to be equally rewarded.

The disparity in status is particularly noticeable in academic medicine. There are only five women deans out of 125 medical schools. Only 10 percent of women in academia are full professors, compared with 31 percent of men.

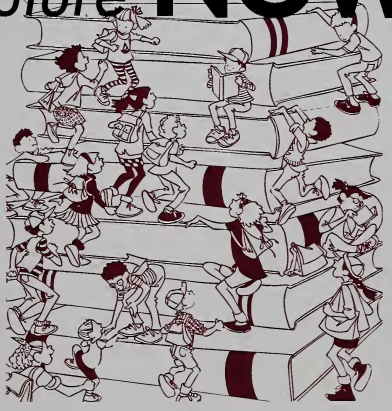
For women as well as men, medicine's a magnificent profession. I've been a small-business person with my own employees; I ran my own shop and loved it. Now I'm an academic with opportunities to be involved in administration and other realms. That kind of variety should be a marvelous career for women who want flexibility as they go through different stages of their lives. No one told me in medical school about the diversity of opportunities.

Still, medicine's not an easy profession. Some organizational structures allow more control over lifestyle. But our patients benefit only when women and men are fully committed to the breadth and richness of medicine.

START saving for your child's future NOW

Women physicians are often the bread winners of the family. Are you prepared to put your child through college?

by Jerry Foster



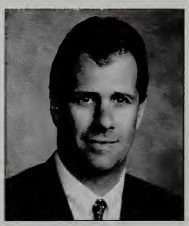
Are you concerned about how much the cost of college will have soared by the time your kids are ready to venture into four years of higher education bliss? If so, then you might be interested in a strategy that is gaining popularity which lets parents lock in tuition money now, regardless of what inflation does to the costs by the time your children are ready to enroll.

Up until recently, this prepaid plan was limited to 14 or so state-run programs which typically serve public colleges. However, recent legislation has opened up the program, and some 51 private institutions have jumped on board and offer this planning technique. In addition, another 20 states intend to launch programs this year.

There are two standard programs, and each state determines which will be available at their state's own schools. The first is the prepaid plan, which stipulates that the lump sum or monthly installment is guaranteed to cover tuition later, regardless of the cost when the student is ready to enroll. The second is a savings plan in which the money is put away now, but if tuition has increased beyond what the plan anticipates, either the parents or student is responsible for the difference. The State of Iowa will begin a savings plan in September.

With both plans, the money grows tax deferred; and for a resident of Iowa, the growth is exempt from state tax. Upon withdrawal, it is taxed at the student's income rate, not the parents'. This planning can serve as a structured way to save for college and can act as a hedge against inflation, which is about five percent per year. If your child opts not to go to college, you do get your money back with modest interest earned, minus a penalty, or you can transfer it to another child.

For more information on Iowa's program, you can call (515) 281-8261. For the status of another state or a particular institution, call the College Savings Plan Network at (606) 244-8175 or visit its web site at *www.csg.org/cspn*.



Jerry Foster is the CEO of Foster Capital Management, a fee-only financial planning and investment management company located at IMS headquarters, (800) 798-1012.

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A *WORD* about the **FUTURE**

This article was written by Diane Trimble, IMSA president

As more women become physicians, Alliances are changing. At the AMA Alliance Annual Meeting, there were male state presidents from Oregon, North Carolina and West Virginia. One stated that he joined because of the service projects, the passion shown in carrying them out and the ability to get things done.

As there are more male members and members with careers, Alliances will need to have meetings that respect the time needs of both spouses. Will that mean more joint meetings? Or meetings in the evenings? Or service club type meetings - meal, business and program in one hour?

As the number of two physician families increases, it is likely that more Alliance members will be physicians. Will this increase the potential for joint volunteer/service projects by medical societies and Alliances, and joint educational programs by the IMS and IMSA?

IOWA MEDICAL SOCIETY

distinctions & **AWARDS**

LINDA BISSELL, program associate, UI College of Medicine was presented with the University Staff Excellence Award. Ms. Bissell works with IMS in administering student loans through IMSEF.

DIANE BOONE, MD was appointed assistant professor of clinical ophthalmology in the Department of Ophthalmology and Visual Sciences at the University of Iowa Hospitals and Clinics.

DOROTHY CARPENTER, IMS Alliance, was one of the key players in setting up the two-day summit on volunteerism in Des Moines.

REPRESENTATIVE GREG GANSKE was awarded the 1998 Nathan Davis Award from the American Medical Association.

CHARLES HELMS, MD, PHD, was elected to a two-year term as chief of staff at UIHC.

KENNETH HUNZIEKER, MD and **DAVID ROBINSON, MD** have been nominated for the "Iowa Family Doctor of the Year" award.

IOWA led the nation in flu vaccines for Medicare beneficiaries paid for by the Medicare program. Iowa vaccinated 55.93 percent of beneficiaries.

DAVID LITTLE, MD has been appointed medical director of the Carl Management Institute.

JEFFREY MURRAY, MD was awarded the 1998 E. Mead Johnson Award for pediatric research.

MICHAEL RICHARDS, MD chairman of Integra Board of Health, was the topic of the *Des Moines Register* article on making the transition into medical administration.

MARK THOMAN, MD was elected to the American College of Medical Toxicology as a fellow.

CORRECTION: In the July/August issue, Sinesio Misol's name was misspelled.

DECEASED MEMBERS

RICHARD SATTTERFIELD, MD, 67, emeritus, psychiatry, Sioux City, January 17, 1998.

ORLYN ENGELSTAD, MD, 73, emeritus, clinical pathologist, Ames, March 3, 1998.

ROBERT KLEIN, MD, 77, life, family practice, Muscatine, March 26, 1998.

GEORGE KLOK, MD, 88, life, pediatrics, Council Bluffs, May 8, 1998.

GUILLERMO SUAREZ, MD, 68, emeritus, internal medicine, Ames, May 28, 1998.

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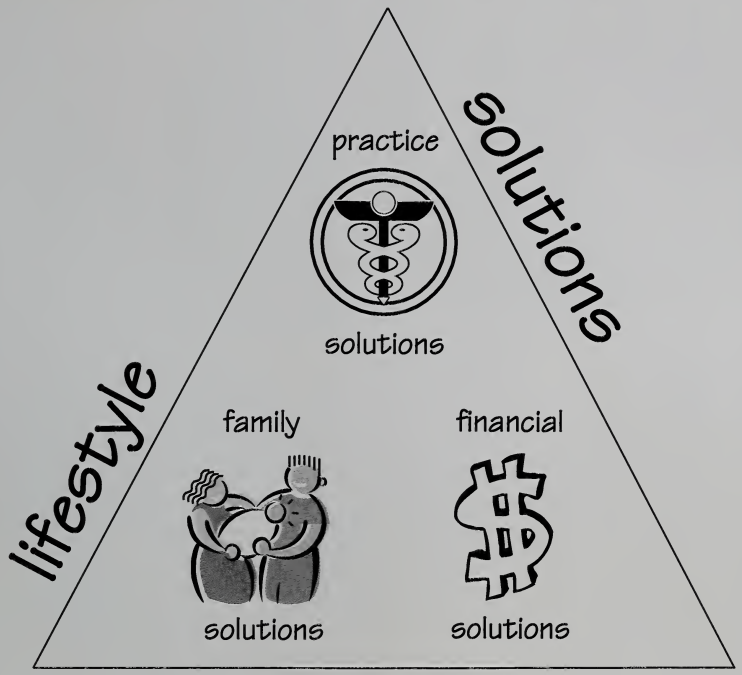
P R O V I D I N G



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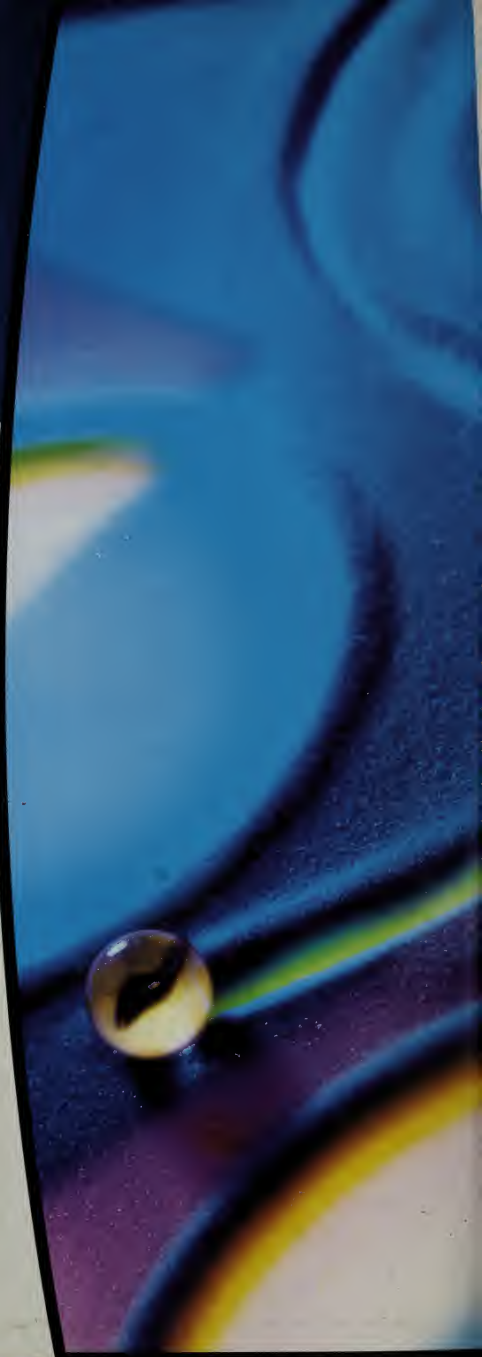

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Iowa Medicine
November/December 1998 An Iowa Medical Society publication

A BURNING issue

IMS is gearing up for patient rights effort, but physician opinion varies on health plan accountability/page 16

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Iowa **Medicine**

Published by the Iowa Medical Society

November/December 1998 Vol. 88/6

This month's feature:

REGULARS

Operation Restore Trust attempts to CLARIFY issues

TO THE EDITOR:

I wish to clarify misinformation in the article "Operation Restore Trust WON'T" by Dr. John Brinkman.

There are no billboards in Cedar Rapids "touting" Operation Restore Trust. Billboards were placed last winter in an attempt to publicize a call-in line for consumers who felt they were victims of fraud or abuse. The billboards read: "Medicare – Medicaid. Looks like fraud? Call 1-800-423-2449."

Waste, fraud and abuse in Medicare were estimated at between $12-28 billion in federal fiscal year 1997.

On this clearly bipartisan issue, Iowa's senators work diligently to identify and reduce this unacceptable loss. They work to restore public trust in the government's ability to operate these valuable public health care programs.

Physicians have never been singled out regarding waste, fraud or abuse. The project speaks about providers.

Dr. Brinkman complained to the Linn County Medical Society that he was not invited to participate on the project's State Steering Committee. The Heritage Agency has no authority to appoint members to this committee. The Heritage Agency, along with Hawkeye Valley Area Agency on Aging in Waterloo, does have a Regional Advisory Committee consisting of 11 representatives from the 17 counties included in the project area. We enthusiastically accepted the Linn County Medical Society's offer to assign a representative to our oversight committee.

The physician whose patient reportedly said, "I'm going to get you," should take personal responsibility for his own patient/physician relationship and find out why the patient was so mad at him. I doubt the reason had anything to do with Operation Restore Trust.

If Dr. Brinkman is successful in fanning the flames of mistrust between physicians and Operation Restore Trust, we all lose. This project provides opportunities for physicians to join forces in the war against the real enemies—waste, abuse and yes—fraud.

— Jeude Landhauser
Operation Restore Trust
Coordinator

DR. BRINKMAN'S REPLY:

Thank you for your letter of response to my column on Operation Restore Trust.

The IMS is committed to a policy of zero tolerance for Medicare fraud and abuse. At a time when Medicare is in severe financial difficulty, it is vitally important to rid the program of fraud and abuse.

We are also committed to the preservation of patient/physician relationships because we believe it is absolutely necessary if we are to deliver quality care. This, too, is a bi-partisan issue.

The physician community is not alone in sounding the alarm about anti-fraud programs which offer patient incentives. In the June 22, 1998 edition of *Part B News* published by Wellmark, Washington, D.C. attorney William Sarraille said, "These types of incentives appear to create a real threat to the patient/physician relationship. They reflect a level of distrust by the government that cannot help but erode the public's confidence in the provider community even though, as the government admits, the vast majority of providers are honest and committed to the well-being of their patients."

Physicians AGREE with Dr. Brinkman

TO THE EDITOR:

I enjoyed reading Dr. Brinkman's comments in the July/August issue of *Iowa Medicine*. His closing sentence implies that Medicare is making an effort to destroy trust between patients and physicians. Having watched the wording of various Medicare notifications for the past 14 years, I had long since concluded that this was indeed the entire thrust of Medicare.

— Gary Beetner, MD, PhD
President Butler County Medical Society

It's time to invest in the future of MEDICINE

As we look to the next century, we should invest in building the future of medicine.

by John Brinkman, MD

The slogan for the $25 million fund raising campaign for the new Medical Education Biomedical Research facility of the University of Iowa College of Medicine speaks to the future of Iowa physicians.

This first-ever capital campaign for the College of Medicine provides a true home for the college as well as coordinating a new total health science campus. In addition, a cancer research facility will be built. There will also be endowments for medical education and scholarships.

The University of Iowa College of Medicine was established in 1850 as a college of physicians and surgeons in Keokuk, Iowa. In 1870, it moved to the University of Iowa campus in Iowa City. More than half of all Iowa physicians have received part, or all, of their medical education at the College of Medicine. Twenty-eight percent of the graduates practice in Iowa. Currently, there are 700 medical students and 180 allied health students, along with approximately 500 graduate students in various programs. With a faculty of 737 physicians and a staff of 3,343, the health sciences at the University of Iowa is one of the largest in the U.S.

Accessing information from the U of I allows physicians to develop the knowledge base necessary to stay abreast of the changing aspects of patient care. This new facility will allow for the teaching of the art and the science of medicine.

As Iowa looks to the next century, the College of Medicine requires a facility that will attract and inspire the best students and faculty and ensure that the goal of continuing excellence becomes a reality benefitting us all.

It's time for Iowa physicians, their sons and daughters, parents and patients to contribute to building the future through this endeavor. I encourage each of you to give generously to "seeking knowledge for healing."

Dr. Brinkman is an internist practicing in Mason City and president of the Iowa Medical Society.

STOP, LOOK, AND LISTEN!

We're conditioned from childhood to STOP, LOOK AND LISTEN!!

This old railroad slogan is big
Around our shop, since we've got a room or two of model trains.
Come and see them if you get a chance.

So what does STOP, LOOK AND LISTEN mean to you and all of us?

STOP!

We all need to
Stop and review our and your critical insurance protection,
At least annually.
Are they secure and cost effective in today's uncertain market?

LOOK!

We need to
Look around at what's happening in the volatile
Insurance industry these days.
Whether it's health, life, disability
Or any other coverage, it's critical that you know
What the options are!!

LISTEN!

Listen is what we do at Bernie Lowe & Associates.
We work daily at counseling with and finding the best alternatives
For our clients.
We are here to furnish information and help our clients
Day in and day out.
Please contact us.

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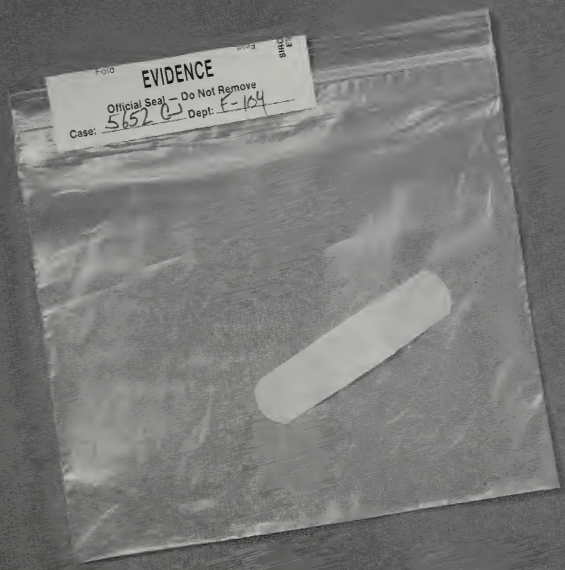

Exhibit A:

Adhesive bandage, which plaintiff alleges defendant pulled rapidly from skin, violently tearing three hairs from plaintiff's arm, which resulted in severe shock, trauma, disfigurement, chronic debilitating pain and permanent psychological damage.

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LOOKING for HELP

In a recent survey, patients said they need emotional support during hospital stays. In response, Mercy Hospital Medical Center is asking for volunteers for its "Volunteer Visitors" program.

The hospital has relied on the Sisters of Mercy for this service, but increased need has called for change. "Volunteer Visitors" is for people 16 and older willing to devote two to three hours a week to help patients who normally do not have visitors. The duties range from helping patients get their meals to the simplest of social activities.

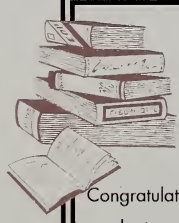
IOWA DOCS *to participate* in AMA Education for Physicians on End-of-Life Care

Two Iowa physicians have been chosen for a special AMA project on end-of-life care.

Norma Hirsch, MD, a Des Moines neonatologist; and Michael Sparacino, DO, a Mason City obstetrician, will participate in the AMA's Education for Physicians on End-of-Life Care (EPEC) project. Drs. Hirsch and Sparacino will receive training designed to prepare them to teach health care professionals clinical skills and tools needed to provide comprehensive and compassionate support to dying patients and their families.

Issues covered in the training include how to deliver news of a life-threatening diagnosis, how to manage pain, how to handle ventilator withdrawal, how to handle prognosis uncertainty and how to respond to requests for physician-assisted suicide.

Physicians trained through the AMA's EPEC project will be expected to offer programs to health care professionals in their own states. The project is funded by the Robert Wood Johnson Foundation.



MBS *graduates*

Congratulations to the following graduates of the IMS Medical Business Specialist program: Laura Allen, Susan Core, Anita Ellingson, Tamara Fitzgerald, Lori Hamner, Elaine Keuning, Jeanine Klang, Sue Marsh, Clare McGuire and Lori Olson.

changing PARTNERS

Ann Martino, executive director of the Iowa Board of Medical Examiners, has resigned.

Duane Caylor, MD and **Robert Fagerholm, MD** have joined the physicians at Medical Associates Satellite Clinics in Dubuque and Elkader.

Corey Dietz, MD has joined the physicians at Dubuque Family Practice.

Thoo Tan, DO and **Rebecca Jenkins, DO** joined the physicians at Mason City Clinic.

Bradley Fox, MD joined the physicians at Davenport Emergency Physicians, PC.

Contact Tina Stoner at the IMS, (515) 223-1401, (800) 747-3070 or by email at tstoner@iowamedicalsociety.org if you have news about physician practice changes.

Medicaid PAYMENT **analyzed**

An analysis of 7,190 CPT codes showed that Medicaid reimbursement for 65 percent of the codes is below Medicare's reimbursement.

The Iowa Medical Society conducted the analysis with the Department of Human Services (DHS) in order to compare what Medicare and Medicaid pay for the same procedures. In the near future, IMS will circulate report results for physician comment.

The 1998 Iowa legislature approved a two percent increase in Medicaid reimbursement for physicians, the first provider reimbursement increase in nine years. The legislature also directed DHS to consult with provider representatives to "review the existing reimbursement methodology including the issues of access, utilization and sufficiency of the current reimbursement rates."

The legislature asked that a report and recommendations regarding Medicaid reimbursement be submitted by January 1, 1999. DHS may recommend Medicaid convert to an RBRVS payment methodology.

IMS analysis of 7,190 CPT codes

- 4,697 (65%) are paid at a rate lower than Medicare pays for the same code
- The lowest Medicaid fee ($2.56) was only 7% of what Medicare pays for the same code ($38)
- The highest Medicaid fee ($1,140) was over 800% above Medicare payment for the same code ($117)

Note: There were 60 services for which Medicare had fees but Medicaid does not. This adds administrative expense to pay via special handling.

WOMEN physicians **interact,** share concerns

The first Iowa Medical Society Retreat for Women Physicians on October 9-10 was judged a success by evaluation forms completed by approximately 75 attendees.

Members of the program committee reported hearing "many enthusiastic comments" and ideas for next year's retreat. Attendees were also surveyed regarding the date and time of the retreat, and a majority said a weekend in mid-October is preferable.

The date for the 1999 retreat has tentatively been set for Friday and Saturday, October 15-16.

Presentations by Regina Benjamin, MD, winner of the 1998 Nelson Mandela Award, and Paula Mahone, MD, who delivered the McCaughy septuplets, were very well-received. Participants also gave high marks to a panel discussion on innovative practice arrangements.

The panel featured a group of women physicians who invented their own practice arrangements when their personal and professional lives became incompatible. IMS has cassette tapes of this discussion available for $10.95 for members and $15.95 for nonmembers.

With the tape, you will receive results of a survey of Iowa women physicians, conducted before the retreat. It was shared with IMS leadership.

Want a cassette recording of our panel discussion on innovative practice arrangements or results of the survey of women physicians? Call Becky Bales at (800) 747-3070.

KEY ISSUES *BREWING* in IMS legislative **cup**

Issues for the 1999 Iowa General Assembly, as identified by the IMS Committee on Legislation and ordered by the 1998 House of Delegates, are many and major.

MANAGED CARE

Leading the way on the IMS legislative agenda is patient protection legislation to assure accountability, quality and fairness in health plan operations and decision making. The Commissioner of Insurance is writing legislation setting up an external review process for plan medical necessity decisions and has provided drafts for IMS review and comment.

Hotly debated is the IMS House command that health plans be held accountable for their medical necessity decisions. A federal court upheld Texas' health plan liability law against ERISA preemption claims but said the law applies only to those plans that actually arrange for or provide a medical service. The court indicated, on the other hand, that state laws imposing liability upon plans for negligent medical necessity benefit determinations fall within the purview of the ERISA preemption.

IOWA'S CON LAW

Less visible in the public eye but commanding great attention among health advocacy groups is IMS' call for repeal of Iowa's certificate of need law. Iowa's current CON law often protects the higher cost provider of service, such as a hospital outpatient surgery center, while precluding entry into the marketplace by the more efficient, lower cost provider, such as freestanding surgery centers.

HIV/AIDS

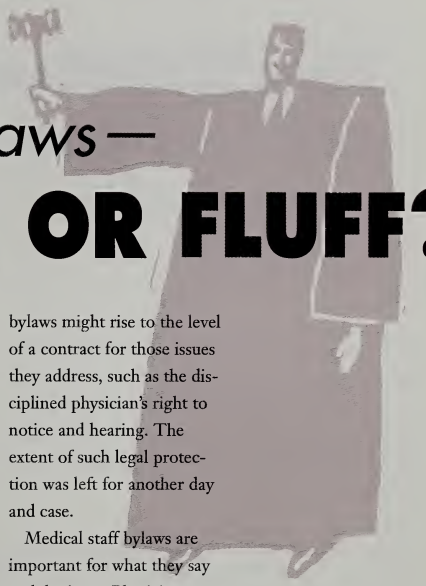
The House directed revision to laws on HIV/AIDS testing, consent and patient counseling. Revisions by IMS are currently under review by the Health Department.

STATE MEDICAL EXAMINER

A major focus of the IMS legislative agenda is long-overdue — essential support for an effective state medical examiner's office. IMS is represented both on the search committee for a new state medical examiner and on a committee reviewing the design and structure of the office of the state medical examiner.

AND THAT'S NOT ALL . . .

Other issues include increase in payment for physicians under Medicaid (the Council on Human Services has recommended a two percent increase); a new, RBRVS-based Medicaid reimbursement methodology; improvements to the current Medicaid prior authorization process now being studied as directed by the legislature; full funding for the HAWK-I children's health insurance program; revision to the new drug employee testing law to assure that physician functions are performed only by physician medical review officers; third party reimbursement for outpatient diabetes education, management and training that is physician-directed and parallels the federal Medicare system; and support for a coalition effort on bicycle safety. The Committee will meet again in early December.



Medical staff bylaws— SUBSTANCE OR FLUFF?

What medical staff bylaws don't say can be just as important as what they do say.

by Jeanine Freeman, JD

Is the dutiful, competent physician protected by the hospital's medical staff bylaws they must follow when granted hospital privileges? A recent Iowa Supreme Court case shows the procedural protections of these bylaws may not be all they are cracked up to be.

In this case, two hospital-based anesthesiologists were dismissed after the hospital signed an exclusive contract with an anesthesiology group. The hospital claimed, among other things, breach of the hospital's medical staff bylaws. The anesthesiologists recovered at trial but not on the bylaws claim. The Supreme court agreed that the bylaws claim could not support the anesthesiologists' complaint.

The court first noted that medical staff bylaws govern a physician's relationship to the medical staff, not to the hospital. The court then said that before the bylaws could be a promise of continued employment or hospital privileges for a physician they must be "sufficiently definite" in their offer of continued employment or privileges. In this case, the bylaws did not mention continued employment or privileges. Consequently, the hospital "must be allowed to make key decisions on the method of delivery of anesthesiology services that best suit the needs of patients . . . without incurring liability to doctors who incidentally are affected" by a loss of hospital privileges.

So, do medical staff bylaws have any meaning for physicians? The court acknowledged that medical staff bylaws might rise to the level of a contract for those issues they address, such as the disciplined physician's right to notice and hearing. The extent of such legal protection was left for another day and case.

Medical staff bylaws are important for what they say and don't say. Physicians should know the strengths and the limitations of medical staff bylaws. All contracts physicians enter into with a hospital should be reviewed to assure that the terms do not diminish the physician's membership and rights under the medical staff bylaws. Physicians hoping that the procedural protections of the bylaws extend beyond actions taken by the medical staff should assure language that ties the knot. Finally, because the court emphasized the physician/medical staff relationship under the bylaws, medical staffs should consider liability coverage for their actions.

Jeanine Freeman is vice president of public policy and advocacy for the Iowa Medical Society. Information in this column is not intended to be legal advice. Call your attorney with specific questions or concerns.

How to protect your patients on capitol hill

John Redwine, DO
Vice President, St. Luke's Regional Medical Center
Sioux City

IMS helps physicians speak up on public policies

IMS ensures physician input with legislators and government regulators

You have a responsibility to protect quality health care for your patients. As a member of the Iowa Medical Society, you can.

As the strongest voice for Iowa physicians, IMS influences policies of legislators and government regulators. Through surveys, online polls and leadership outreach, IMS monitors member opinions. When public policies are made, IMS advocates for improvements.

Because we represent all Iowa physicians, IMS succeeds on core health care issues. In 1998, IMS led a coalition to enact the State Children's Health Insurance Program. IMS also won the first increase in Medicaid reimbursement in eight years.

IMS is ready to take on patient rights in the 1999 legislative session. As part of patient rights legislation, IMS will introduce guidelines on utilization reviews and payment delays. Other issues set for 1999 legislative initiatives include repealing the certificate of need law, updating Iowa's HIV/AIDS laws and providing funding for a full-time state medical examiner's office.

We would all like medicine to be separate from politics, but it isn't. If you believe a physician is the best spokesperson for patient care, then IMS involvement is critical.

Neil Mandsager, MD
Maternal and Fetal Medicine
Des Moines

A few years ago, the legislature was considering regulations on Group B strep testing. IMS staff helped make my time at the capitol as efficient as possible, allowing me to meet key legislators in a timely manner. I could never have made an impact without the help of the IMS.

IMS

Interested in being a member?
Want to join IMS legislative initiatives?
Contact Melanie Finke Sanders at (800) 747-3070 for information on how you can participate in the IMS.

START SAVING dues money NOW

The IMS will begin offering a series of discounts, some modeled after the AMA, for the 1999 dues year.

FOR INDIVIDUALS

Physicians who are in solo or small practices may take advantage of two discount options: 1) pay for two years and take a five percent discount on both years; or 2) pay for four years and receive the fifth year free.

FOR GROUPS

A group must meet two criteria to qualify: 1) the group must have 20 or more MD or DO physicians; and 2) at least 80 percent of the clinic's MDs or DOs must be, or willing to become, IMS/county members.

Once both criteria have been met, the group may choose one of the following discount options: 1) pay memberships for 80 percent of the physicians in the group, and IMS will consider all 100 percent as members; or 2) take a five percent discount on those physicians who are, or desire to become, IMS/county members.

Discounts are available on IMS and AMA dues only.

INTERESTED?

For more information and directions on how to claim the discount, please contact Ed Whitver, Dave Furneaux or Sheryal Westbrook of the IMS staff at (515) 223-1401 or (800) 747-3070.

IMS MEMBER distinctions & AWARDS

The Mississippi Valley Fair Board honored **MICHAEL GUIDICI, MD** and members of the Greenway Habitat Foundation for donating and planting 50 trees at the fairgrounds.

REBECCA SHAW, MD was featured in the *Des Moines Register* "Do you know" column.

RIZWAH SHAH, MD was interviewed on "48 Hours" regarding meth-exposed babies.

N.K. PANDEYA, DO received the U.S. Guarde National Trophy for public service at national and international levels in both civilian and military communities.

DANIEL CONGREVE, MD and **AKSHAY MAHADEVIA, MD** were recognized for their excellence in teaching the Family Practice Residency Program.

MICHAEL MOSKAL, DO was appointed to the Major Care Review Committee of the Iowa Child Death Review Team.

JOSE ANGEL, MD; DAVID CARLSON, MD and **THOMAS EVANS, MD** were chosen for a leadership development program sponsored by the AMA and Glaxo Wellcome.

ERIC BLIGARD, MD recently made a volunteer trip to Kenya, East Africa, with the Voluntary Optometric Service to Humanity of Iowa.

PERCY HARRIS, MD was named a Mercy Medical Laureate, an award given for excellence in medicine.

ROGER CEILLEY, MD was recently named to the Centers for Disease Control and Prevention's Federal Council on Skin Cancer Prevention.

DECEASED MEMBERS

EDWIN MOTTO, MD, 75, emeritus, life member, Iowa City, August 4, 1998.

JOHN BLUMGREN, MD, 91, life, family practice, Cedar Falls, August 19, 1998.

THOMAS STARK, MD, 65, active, urology, Cedar Rapids, August 21, 1998.

KARL JAUCH, MD, 72, emeritus, family practice, Waterloo.

GERALD FRY, MD, 82, life, family practice, Cedar Falls.

CHANGES in MMIC marketing

Effective January 1, 1999, MMIC will market directly to Iowa physicians. Dennis Park is MMIC's marketing director.

The IMS and Midwest Medical Insurance Company (MMIC) have been partners since MMIC merged with IPMIT in 1993. Since that time, IMS Services staff, particularly Tom Leners, have marketed MMIC to Iowa physicians.

Effective January 1, 1999, MMIC will market directly to Iowa physicians.

The marketing contract IMS Services has with MMIC is set to expire on December 31. The IMS Board of Trustees and MMIC leadership met several times this summer to determine the optimum way to continue the success MMIC has in Iowa.

What surfaced as the best strategy is for IMS to exclusively endorse MMIC as the preferred malpractice insurance company for Iowa and turn marketing responsibilities over to MMIC. Physicians are joining larger groups, which generally utilize the services of an insurance agent/broker for their buying decisions. Since IMS Services is not a multi-line agency, the complete array of services and products was not available through IMSS.

Tom Leners has done an outstanding job with the physician marketplace. There are now over 1,700 physicians insured by MMIC compared to the 1,050 insured with IPMIT when he started eight years ago. Tom will be pursuing other opportunities after January 1.

MMIC's marketing director, Dennis Park, may be reached at (800) 498-9587.

WEB SURFING or medical advice

Patients used to get health advice from family, friends and their physicians. Then the media discovered health care. Health care stories popped up on television and in newspapers and magazines.

Now patients often turn to their computers first. Sites offering advice and consultations—even prescriptions—are available to patients.

Web sites of several respected health care systems, such as Mayo Clinic and Columbia University, offer glorified advice columns. Columbia's "Go Ask Alice" site is a collection of syndicated articles published in university newspapers. "Alice" focuses on the tough issues patients fear talking about with physicians. Many questions focus on sexual and emotional health issues. Because "Alice" is backed by a health care system, patients are regularly referred to physicians for care of serious conditions.
www.goaskalice.columbia.edu

Internet communities have also gotten into the health care advice business. IVillage's "Better Health" community members can ask questions of experts in women's health, mental health and fertility. Again, because health care professionals are involved, patients are guided to proper health care when necessary.
www.betterhealth.com

Some sites go beyond offering advice to actual health care online. Sites offering consultations for a fee are available. Some sites are even beginning to prescribe over the Internet.

risk management

Decision to terminate services: **MINIMIZING** liability in the process

Physicians often ask if they must provide services to patients who are abusive or who have become 'impossible to treat.' Patients may sever their relationship with a physician, but physicians have a duty to the patient and must be cautious if termination of services is the only option.

MMIC advises the following steps to minimize the risk of liability.

- Evaluate the medical status and needs of the patient.
- Determine if appropriate, timely alternative care is available.
- Discuss the decision with the patient, if possible.
- Ensure the patient understands the need to procure replacement services for ongoing treatment or medical problems.
- Send the patient a letter clearly stating that the provider is terminating services and give an effective date. Certified mail with a return receipt requested is recommended.
- **Specify** in the letter that the physician will continue to be available for emergency treatment during the time between the notice and the effective date of the termination–usually about 30 days.
- **Emphasize** that the patient needs to find alternative care and include an authorization for the release of medical records to facilitate transfer. You may also include the number of a physician referral service for the area. Some third-party payer contracts contain provisions regarding termination or transfer of services.
- **Check** contracts for factors that may influence how terminations are handled.

This column is provided by Midwest Medical Insurance Company especially for Iowa physicians. For more information, call Lori Atkinson, MMIC risk management supervisor, at (800) 798-9870 or (515) 223-1482.

how we learn

CHANGING times

This is the year of time capsules at the University of Iowa. Just this past week, a capsule from 1918 was removed from the Steindler Building. The sealed capsule may convey news of the armistice concluding the World War I or may describe the beginning of the influenza epidemic.

Now we are at the threshold of initiating construction of the new Medical Education and Biomedical Research Building. What should we be teaching physicians about our age a century hence? A sample of current instructional materials? An overview of our early genetic therapeutics? Photos of the state-of-the-art MRI scanner? A discourse on managed care? A listing of presently incurable diseases?

It is difficult to project our successors' reactions. We can only hope they are perceived as we view the pre-scientific practice of medicine—with respect but chagrin at the modest progress of our healing capacities.

This column is written by Dr. Richard Nelson, executive associate dean, University of Iowa College of Medicine.

A BURNING issue

Iowa physicians — like those in other states — have a variety of opinions on managed care accountability.

by Chris McMahon

> "Forcing a conversation on these issues will accomplish something for our patients."

Fanning the flames of public opinion on the subject of HMOs has become a staple for the media and political candidates. Even Hollywood has gotten into the act with movies such as "The Rainmaker" and the roundly-applauded anti-HMO scene in "As Good As It Gets."

But, closer to home, opinions are not quite so easy to categorize—even in the medical community.

The Iowa Medical Society House of Delegates has directed leaders to pursue a patient rights bill in the state legislature. The IMS bill—being drafted at press time—will deal with many issues; but the issue getting the most attention is HMO accountability.

NOT A LIABILITY SHIFT

When word hit the streets that IMS will introduce patient rights legislation, criticism from the business and insurance industries was instantaneous. Such legislation, they charge, is a cloaking device for an attempt to shift the burden of liability from physicians.

IMS President John Brinkman, MD, a Mason City internist, says IMS does not support enterprise liability. "Physicians feel that if adverse outcomes occur because of decisions by managed care companies, they should be accountable under law. But neither the law nor medical ethics allow physicians to abandon their responsibility to patients and escape liability on the premise that the health plan made them do it."

Michael Abrams, IMS executive vice president, concurs. "IMS is not anti-managed care as some have charged. But IMS has never—even during the tort

Have your say on this issue

The Iowa Medical Society has instituted a new interactive member poll on its web site. Go to the IMS web site at **www.iowamedicalsociety.org** and you will find the IMS Online Poll on the first screen.

All you have to do is click on your multiple choice answer. You can also view results of the poll so far. If you wish, you can e-mail an additional narrative message to John Brinkman, MD, IMS president.

Ms. McMahon is vice president of communications for the Iowa Medical Society and managing editor of **Iowa Medicine.**

reform debate—argued that any group should be immune from liability."

What is the best way to hold plans accountable? In outreach meetings with physicians across the state, IMS leaders have heard many variations on several themes.

DEBATE HELPS PATIENTS

Though physicians fear and resent pressure to cut costs at the expense of quality care, opinion has yet to gel on how to combat it.

Some want to see the collective feet of HMOs held directly over the flames of liability. Others worry about the potential effect on medical directors and gate keeper physicians. Others feel squeamish about leading any charge which will expand trial lawyers' field of operations and impede development of physician managed care products.

However, IMS leaders see nothing to fear in the debate. "I firmly believe that forcing a conversation on these issues will accomplish something for our patients," contends Harold Miller, MD, past IMS president and Davenport family physician.

Central to the debate is the legal and ethical relationship between medical necessity decisions and benefit determinations. Are plans making treatment decisions when they approve or deny coverage?

Grand rounds poll on managed care issues

IMS staff conducted an informal poll of 22 McFarland physicians during grand rounds at Mary Greeley Hospital. Five statements were posed; physicians were given three answer choices: A = Agree; AL = Agree and Legislate; or D = Disagree.

1. Patients have the right to free and unrestricted discussions with your physician.
   A = 5/22 AL = 15/22 No answer = 2/22
2. Patients have the right to know all details of a plan and its policies.
   A = 6/22 AL = 15/22 No answer = 2/22
3. Patients have the right to an external review when a procedure is denied.
   A = 6/22 AL = 13/22 No answer = 3/22
4. Patients have the right to emergency services based on a "prudent layperson" standard.
   A = 7/22 AL = 10/22 D = 2/22 No answer = 3/22
5. Patients have the right to hold a plan fully accountable for decisions that go wrong.
   A = 4/22 AL = 12/22 D = 4/22 No answer = 2/22

The Iowa Alliance for Patient Protection (IAPP) — a group of dermatologists, orthopedists, psychiatrists and urologists— says health plans are making medical decisions. Randall Maharry, MD, IAPP Board member and Des Moines dermatologist, says patients don't understand this.

PATIENTS TRUST PHYSICIANS

"Patients trust their doctors. The best thing we can do for our patients in the current system is to make them understand that doctors are not making all the decisions and that financial concerns are playing a large role," comments Dr. Maharry, who is also a member of the IMS Legislative Committee. "I recently heard an interview on public radio with a physician who quit an HMO. She said they were using her medical expertise solely as a way to help them save money. We must protect our patients against this."

In a recent meeting of the IMS Board and Polk County leaders, one Des Moines physician expressed a feeling of resignation about HMO accountability.

"The genius of HMOs is that physicians will always be held accountable" he said.

However, some Iowa physicians say this responsibility goes with being a physician and being a medical director.

"If you're going to be a medical director for an HMO, you need to be accountable. The buck has to

Central to the debate is the legal and ethical relationship between medical necessity decisions and benefit determinations.

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stop someplace," comments Dick Hodge, MD, family physician and chair of the practice management committee for Integra's Cedar Rapids region. "If we don't like what's happening to the patient, we have a responsibility to do something about it. We need to focus on what the patient needs, regardless of what the insurance company or lawyers might say."

Dr. Hodge also believes that physicians and others need to be accountable not only for patient care decisions but for responsible allocation of financial resources.

"Everyone needs to be accountable — physicians, patients and insurance companies. For too long, there has been inconsistency and a lack of integrity in the system."

FAIR ALLOCATION OF RISK

Dan Cullan, MD, JD, an Iowa physician-lawyer, says he is concerned about physicians trying to provide quality care with the threat of elimination from panels hanging over their heads.

"In theory, every patient should be treated as though they are a family member. In reality, physicians can be under tremendous pressure to cut costs. I have the greatest sympathy for them."

Dr. Cullan is taking depositions in an Iowa case with an eye toward suing an HMO. He is hoping to prove that an accident victim is paralyzed because of the process followed by an HMO in deciding not to transfer the patient.

"Some of the risk has to be on those who are pressuring good doctors to make bad decisions," he contends.

DON'T FORGET ERISA

If Dr. Cullan sues the HMO, the case will likely end up in a federal court because of ERISA, the federal law governing benefit plans for about 25 percent of Iowans. In 1997, Texas passed a bill allowing patients to sue HMOs, but the law was challenged based on an alleged ERISA exemption. The court ruling left both sides claiming victory *(see the November* IMS Advocate *for more on the ruling).* However, a lawsuit was filed in October against a Texas HMO, an action thought to be the first of its kind in a state court.

Many were disappointed when Congress failed to address the ERISA question by passing federal patient rights legislation, but Dr. Brinkman says this in no way affects the decision to seek a bill in Iowa.

"A federal law would have addressed ERISA language affecting self-insured employers, but it would have done nothing about recovery under state law," he explains.

Jeanine Freeman, JD, vice president of public policy and advocacy for IMS, says the ERISA question is complicated by the fact that Iowa law is not clear on the legal duties of a health plan. She adds that the debate over benefit determinations vs. medical necessity decisions is a "legal quagmire."

"In courts, this entire debate is a state of flux," she comments. "However, the Texas case indicates that as long as state law deals with quality of care issues, it will supersede federal law."

Dr. Brinkman stresses that the public must benefit from any managed care legislation.

"Iowans need assurance that there are no gag clauses, that they can select their physician and that there is an external appeals process for coverage decisions," he concludes. "They need to know their physician can care for them without dealing with burdensome bureaucracy."

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IMS tests new E&M guidelines

The Iowa Medical Society's Committee on Medical Service plans to do a field test on HCFA's proposed new E&M guidelines.

On November 19, physician office staff was scheduled to spend an entire day auditing charts according to the new guidelines. Committee members were instructed to bring charts from their own practices in a real-life test of the guidelines HCFA proposes to replace the 1995 and 1997 guidelines.

The results of the IMS committee's field test will be shared with the AMA and HCFA.

In its communications to state medical societies, the AMA is encouraging physicians to review the guidelines and make comments. The AMA says HCFA is attempting to respond to physician concerns over guidelines that are too complex and subject to interpretation.

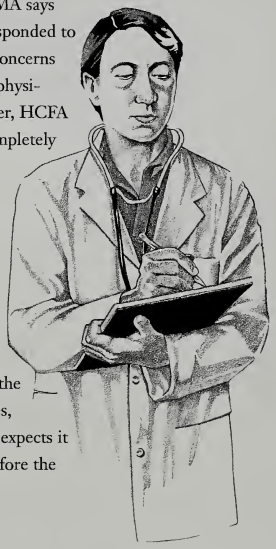
In a joint audit done by the IMS and Iowa's Medicare carrier, trained coders disagreed 42 percent of the time about which codes were appropriate.

The physician community in Iowa and elsewhere has also been concerned that past guidelines were implemented without sufficient input from specialties.

The IMS has been in the thick of E&M coding developments and is represented on a 12-state committee convened by AMA to advise HCFA. The IMS has also been involved in assisting physicians who were audited under the old guidelines and worked directly with Iowa's Medicare carrier to make sure the process was fair.

Since the AMA House of Delegates in June, the AMA has been urging HCFA to find a simpler alternative approach to documentation guidelines. AMA says HCFA has responded to many of the concerns expressed by physicians. However, HCFA refused to completely abandon its arbitrary "counting" or numerical formulas.

No date has been set for implementation of the new guidelines, though AMA expects it will not be before the end of 1999.



See proposed E&M guidelines ONLINE

A copy of the review draft of new E&M documentation guidelines can be found at the American Medical Association's web site at **www.ama-assn.org/emupdate** The document may be downloaded. Physicians are encouraged to make comments on the guidelines by calling Sheryl Nuzum at the IMS (800) 747-3070. You can send written comments directly to AMA.

You may also e-mail comments to **snuzum@iowamedicalsociety.org**. Your comments will be shared with IMS leaders and with the AMA.

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FEAR? GREED?
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As the market continues its roller coaster ride, advisers suggest clients maintain a disciplined, proven investment strategy.

by Jerry Foster

No doubt you are asking some serious questions about what's going on in the market. Who isn't?

As of this writing (September 30), the Dow was off 16.28 percent from its high of 9367.84 in August. International stocks have taken a roller coaster ride as well.

So where does that leave you as an individual investor? Recently, a group of advisers from Orlando, St. Louis, Rockford, Minneapolis, Atlanta, Columbia, Phoenix and Des Moines who collectively manage over $1 billion in assets gathered in Des Moines. This consortium is called 'Zero Alpha' and has gained national recognition for its approach to managing portfolios. We had a round-table discussion regarding the volatile markets and how we are managing not only our clients' portfolios, but their expectations as well.

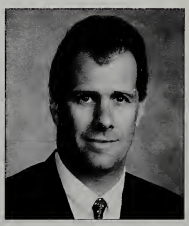
When discussing what each organization was doing in response to the market, as well as communication to clients, the response was very similar. It seems that each was seeing this as a buying opportunity, as well as an opportunity to exercise some tax planning strategies using current losses to offset gains already incurred.

However, none suggested that moving to cash would be prudent. The major issue facing every investor, as well as investment managers, is figuring out how to handle this onslaught of 'media noise.' There is certainly no shortage of so-called experts who will give us all the right answers.

In order to wade through this noise, we first must understand how and why we make our decisions. There are two emotions which often drive our investment decisions—fear and greed. When the market is taking a hit, bailing out or paying attention to media noise is playing into the emotion of fear. On the other hand, when the market is going up, we have a strong desire to jump in. This plays to the emotion of greed.

The overriding objective of all managers interviewed was to help their clients understand their underlying philosophy and maintain a disciplined, proven investment strategy.

If you would like a free copy of the audio cassette of the interview, please call (800) 798-1012.



Jerry Foster is the CEO of Foster Capital Management, a fee-only financial planning and investment management company located at IMS headquarters, (800) 798-1012.

How are people in IOWA BEHAVING?

How does Iowa compare to other states with the number of people without health insurance? Who wears seat belts? How many of us are eating five fruits and vegetables a day?

You can find out the answers to these questions and more on the Iowa Department of Public Health's Behavioral Risk Factor Surveillance System (BRFSS) web site.

Link to the CDC's new Online Prevelance Data through Iowa's BRFSS website at *www.idph.state.ia.us/sa/hprom/brfss.htm*.

Just point and click to find data about the risky and healthy behaviors of Iowa adults or adults in any other state, the District of Columbia and Puerto Rico.

FLU & pneumonia shots can SAVE lives

Iowa led the nation in flu vaccines for Medicare beneficiaries paid for by the Medicare program in 1997. Iowa vaccinated 55.93 percent of beneficiaries. It is essential that we continue to provide such services.

The combination of the flu and a type of pneumonia, called pneumococcal, are the fifth leading cause of death among America's seniors. Unfortunately many adults do not take advantage of vaccines available to prevent these dangerous conditions.

Pneumococcal disease accounts for more deaths than all other vaccine preventable diseases combined. Information has suggested that nearly half of the deaths resulting from pneumococcal disease could be prevented if people in high-risk groups, such as those 65 years of age and older, were vaccinated.

Medicare consumers need to better understand the important need for these adult immunizations. To prevent these conditions, older adults should be encouraged to ask their doctors for a flu shot and a pneumonia shot.

Flu shots need to be repeated each fall, but one pneumonia shot is all most people need in a lifetime. Both shots are safe and reimbursed by Medicare.

Alliance FOCUSES on SAVE programs

This article was written by Diane Trimble, IMSA president

Stop America's Violence Everywhere (SAVE) activities were emphasized in October by the Alliance.

With a grant from the Iowa Medical Society, 2,000 copies of *The Healing Path – A Guide to Surviving Domestic Violence* were printed in Spanish and distributed to domestic violence shelters statewide. Several county Alliances have ongoing SAVE-A-Shelter projects.

Conflict resolution materials, *I Can Choose* and *Hands Are NOT For Hitting*, were given to elementary students.

The SAVE focus has been extended in 1998 to television and Internet violence. An AMA Alliance brochure, *Monitor the Media*, is available with tips for parents.

In Iowa, the Polk County Alliance and the Coalition of Healthy Polk 2000 have produced *The Parent Antenna* which asks who are our children's teachers; helps children become media literate and establishes family media-viewing norms.

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(319) 588-0506

◆**Iowa ENT, PC**
Thomas A. Ericson, MD
Steven R. Herwig, DO
Mark K. Zlab, MD
1215 Pleasant, Suite 408
Des Moines 50309
(515) 241-5780 or (800) 248-4443
Satellite Clinics:
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◆**Iowa Head and Neck Associates, PC**
Robert T. Brown, MD
Eugene Peterson, MD
Richard B. Merrick, MD
Robert R. Updegraff, MD
3901 Ingersoll
Des Moines 50312
(515) 274-9135

◆**Wolfe Clinic, PC**
Michael W. Hill, MD
Daniel J. Blum, MD
309 East Church
Marshalltown 50158
(515) 752-1566

Lakeview Medical Park
6000 University Avenue, Suite 310
West Des Moines 50266
(515) 224-9533

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516 South Division Street
Cedar Falls 50613
(319) 277-3105
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(515) 241-6434

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Des Moines 50312
(515) 283-1570

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Steven G. Berry, MD
Donald L. Burrows, MD
Michael Witte, DO
Gerard A. Matysik, DO
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Des Moines 50325-7046
24 Hour (515) 224-1777

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◆**Iowa Heart Center**
Alan R. Koslow, MD
Laurie H. Kuestner, MD
411 Laurel Street, Suite 2250
Des Moines 50314
(515) 243-1010 or (800) 532-1844

◆**Heart & Vascular Care**
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Douglas B. Dorner, MD
David H. Stubbs, MD
Anson A. Yeager, MD
Douglas W. Massop, MD
1440 Pleasant Street, Suite 100
Des Moines 50314
(515) 241-5700

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John Stern, MD
411 Laurel St., Ste. 2100
Des Moines, IA 50314
(515) 247-3266

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Mankato Clinic, Ltd.—A progressive group practice is seeking additional BE/BC physicians in the following specialties: acute/urgent care, family practice, gasteronenterology, oncology/hematology, dermatology and general surgery and general internal medicine practice. The Mankato Clinic is a 70-doctor multispecialty group practice in south central Minnesota with a trade area population of +250,000. Guaranteed salary first year, incentive thereafter with full range of benefits and liberal time off. For more information, call Roger Greenwald, executive vice president, at (507) 389-8500 or Byron C. McGregor, medical director, at (507) 389-8548 or write 1230 East Main Street, P.O. Box 8674, Mankato, Minnesota 56002-8674.

Family Practitioners

Gundersen Clinic, Ltd., is seeking BC/BE family practitioners for a variety of opportunities located in southwestern Wisconsin, northeastern Iowa and southeastern Minnesota to be part of Gundersen's regional rural network, a system staffed primarily with family physicians. Gundersen Clinic's regional rural network is supported by both on-site and immediate phone consultative services (Medlink) and from the 300 plus multi-specialty physician group in La Crosse, Wisconsin.

Gundersen Clinic offers competitive salaries and excellent fringe benefits.

If you are looking for a practice that has all the positives of rural life, coupled with the strengths and support of a large multi-specialty teaching institution, please send letter of application and curriculum vitae to Frank Perez-Guerra, Manager, Recruitment, Retention and Resource Planning, Gundersen Clinic, Ltd., 1836 South Avenue, La Crosse, Wisconsin 54601; or call 1-800-362-9567, extension 6325.

Equal Opportunity Employer

Gundersen Lutheran

BUENA VISTA CLINIC

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Darrell Pritchard, Administrator
Buena Vista Clinic, Box 742
Storm Lake, Iowa 50588
collect (712) 732-5012
fax (712) 749-2872

Beaver Dam, Wisconsin—Dean Medical Center a 395+ physician private multispecialty group is actively recruiting a BE/BC internist or gastroenterologist with interest in internal medicine to join an existing affiliated practice based in Beaver Dam, Wisconsin, which is located approximately 40 miles from Madison. The practice is located in a medical office building which is adjacent to a 125 bed acute care facility. Beaver Dam is a community of over 14,000 people with excellent recreational resources, including Beaver Dam Lake which is over 14 miles long with 149 miles of shoreline. The community also has more than 270 acres of parks and high quality public and parochial school systems, including a technical college and Wayland Academy, a 135-year-old co-ed independent college prep school. This is an excellent opportunity for any physician that has additional interest in cardiology or gastroenterology. A two-year salary plus incentive and excellent benefits is provided. The call schedule is shared with two other internists in Beaver Dam. For more information contact Scott M. Lindblom, Medical Staff Recruiter, Dean Medical Center, 1808 West Beltline Highway, Madison, Wisconsin 53713, work (608) 250-1550, home (608) 845-2390 or fax (608) 250-1441.

Family Practice—Franciscan Skemp Healthcare-Mayo Health System, based in La Crosse, WI, has over 170 physicians/associate providers at 12 clinics and three hospitals in WI, MN, IA.

Waukon, IA: BC/BE family physician with interest in the full range of family medicine, including OB, to join three BC family physicians and two certified PAs in brand new clinic facility. Waukon, pop. 4,000, located in beautiful northeast Iowa, 17 miles from Upper Mississippi River and 50 miles from La Crosse.

Prairie du Chien, WI: Developing new practice and building new clinic facility located on Mississippi River, 60 miles south of La Crosse. Two BC/BE primary care physicians and associate provider needed to staff our newest medical facility in community of 6,000 with service area of 22,000. Hospital has 49 beds. OB is preferred, not required.

Sparta, WI: BC/BE family physician needed due to upcoming retirement. Full range family medicine practice, includes OB. Clinic has 10 primary care doctors and seven associate providers, including CNMs. Clinic is attached to the hospital. Sparta is a community of 8,000, with a service area of 25,000 and is 25 miles from La Crosse.

Tomah, WI: BC/BE family physician to join seven family physicians, five associate providers and three other specialists at new clinic facility, located on lake adjacent to recently remodeled 45-bed hospital. Tomah has a population of 8,000 with a service area of 25,000 and is 45 miles from La Crosse.

Contact Tim Skinner at skinner.timothy@mayo.edu or Bonnie Guenther at guenther.bonnie@mayo.edu. Phone: (800) 269-1986 or fax CV (608) 791-9898. Franciscan Skemp Healthcare-Mayo Health System, 700 West Avenue South, La Crosse, WI 54601.

LOCUM TENENS

FAMILY PRACTICE WITH OB

Family practice board certified physician, recent Kansas University Medical Center graduate with the surgical background available for short term practice coverage which may include ER call, clinics and inpatient services with or without OB for up to two weeks at a time. Liability insurance provided. Iowa license current. Please contact:

Vadim Braslavsky, MD
7800 England Dr., #101
Overland Park, Kansas 66204
Telephone (913) 383-3285
Internet address and information: www.concentric.net/~Locumdr/1.htm
E-mail: locumdr@pol.net

Ambulatory Medicine—Franciscan Skemp Healthcare-Mayo Health System seeks residency trained primary care physicians to join established six-member Urgent Care Department. Exceptional support from variety of other specialists on campus. Currently see 40,000 annual walk-in visits per year. LOCATION DOES NOT QUALIFY FOR J-1 VISA STATUS. La Crosse has a metropolitan population of 110,000, and we are well served medically. Healthcare and education are the largest employers in the area along with light and precision manufacturing, agriculture and tourism. Public and private schools sent well over 50 percent of graduates on to post-secondary education. Mississippi River bluff country provides wide variety of recreational activities.

Contact Tim Skinner at skinner.timothy@mayo.edu or Bonnie Guenther at guenther.bonnie@mayo.edu. Phone: (800) 269-1986 or fax CV (608) 791-9898. Franciscan Skemp Healthcare-Mayo Health System, 700 West Avenue South, La Crosse, WI 54601.

Wanted—Specialists in Family Practice, Internal Medicine, General Surgery, Ob/Gyn needed for small towns in Northern Iowa. Quality practice in thriving rural communities two hours from major metropolitan areas. Contact: Jerry Hess, Mercy Family Care Network, 1000 4th Street SW, Mason City, Iowa 50401, (888) 877-5551, fax (515) 422-6388.

La Crosse, Wisconsin—Franciscan Skemp Healthcare-Mayo Health System seeks BE/BC residency trained emergency or primary care EMTC. 15,000 annual visits, 40 percent admission rate. 130+ active staff members in La Crosse, FSH has three hospitals, 12 clinics in Wisconsin, Minnesota, Iowa. 110,000 metropolitan population, recreational activities, ideal family environment, excellent schools. **Contact** Tim Skinner at skinner.timothy@mayo.edu or Bonnie Guenther at guenther.bonnie@mayo.edu. Phone: (800) 269-1986 or fax CV (608) 791-9898. Franciscan Skemp Healthcare-Mayo Health System, 700 West Avenue South, La Crosse, WI 54601.

Marshalltown, Iowa—State-of-the-art facilities and exceptional quality of life with practice opportunities available in orthopaedic surgery, radiology and internal medicine. Pursue one of these opportunities and obtain privileges at the community's 176-bed facility that has been awarded accreditation with commendation by the JCAHO. An outstanding compensation package is available for each of the opportunities, and the hospital offers educational loan forgiveness, interviewing and moving expenses. For additional information contact Jill Lutes at (800) 542-0014, Marshalltown Medical & Surgical Center, 3 South 4th Avenue, Marshalltown, Iowa 50158

Locum Tenens—Seeking primary care physicians to work locum tenens assignments in several locations around Iowa. Assignments range from half days to several months. Opportunities available in emergency medicine, family practice, pediatrics and internal medicine. Malpractice insurance and credentialing provided. Travel and hotel accommodations also provided. **Please contact:** Amy Spaulding with Whitaker Medical: Phone (800) 933-4883; Fax CV to (512) 899-3535. E-mail: amys@onr.com www.whitakercos.com

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La Crosse, Wisconsin—Franciscan Skemp Healthcare, Mayo Health System seeks board certified, residency trained emergency physician or family practice physician to join five other physicians in the Emergency Medical & Trauma Center at Franciscan Skemp Medical Center. 15,000 EMTC visits annually with 40% admission rate. With over 130 active staff members in LaCrosse, Franciscan Skemp Healthcare has two other hospitals and 12 clinics in the tri-state area of Wisconsin, Minnesota and Iowa. Located in Mississippi River bluff country, La Crosse, population 52,000, with metropolitan population of 110,000, offers numerous year-round recreational activities, ideal family environment, excellent public and private schools. Contact Tim Skinner (skinner.timothy@mayo.edu) or Bonnie Guenther (guenther.bonnie@mayo.edu), call (800) 269-1986, fax CV (608) 791-9898 or send Franciscan Skemp Healthcare, Physician Services, 700 West Avenue South, La Crosse, WI 54601.

Janesville, Wisconsin—Dean Medical Center a 395+ physician multispecialty group is actively recruiting a BE/BC Internist for our Riverview Clinic in Janesville, Wisconsin (population 60,000 and is located 40 miles southeast of Madison). Janesville is a beautiful, family-oriented community with excellent schools and abundant recreational activities. There are 60 physicians located at our Riverview Clinic which is a new facility overlooking the scenic Rock River. Currently there are 12 internal medicine physicians at the Riverview location. The call schedule will be 1 in 12 for weekdays and weekends. Excellent compensation and benefits will be provided with full time employment leading to shareholder status in two years. For more information contact Scott Lindblom, Medical Staff Recruiter, Dean Medical Center, 1808 West Beltline Highway, Madison, Wisconsin 53715, work (608) 250-1550, home (608) 845-2390 or fax (608) 250-1441.

FAMILY PRACTITIONERS WEST UNION, IA

Gundersen Clinic, Ltd., is seeking two BC/BE family practitioners to join our practice in the picturesque hills of northeast Iowa. West Union is part of Gundersen's regional rural network, a system staffed primarily with family physicians. The regional network is supported by both on-site and immediate phone consultative services (Medlink) and from the 300 plus multi-specialty physician group in La Crosse, Wisconsin.

The West Union practice includes six community clinics, with the hospital and main practice located in West Union. The practice currently includes five physicians (including a general surgeon) and four physician assistants. Obstetric practice is highly desirable. Call is 1:4. Gundersen Clinic offers competitive salaries and excellent fringe benefits.

If you are looking for a practice that has all the positives of rural life, coupled with the strengths and support of a large multi-specialty teaching institution, please send letter of application and curriculum vitae to Frank Perez-Guerra, Manager, Recruitment, Retention and Resource Planning, Gundersen Clinic, Ltd., 1836 South Avenue, La Crosse, Wisconsin 54601; or call 1-800-362-9567, extension 6325.

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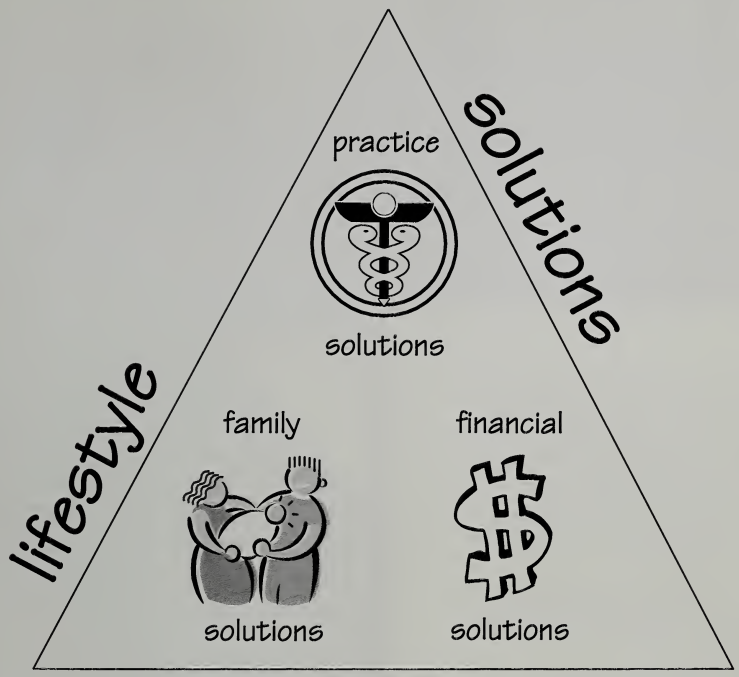

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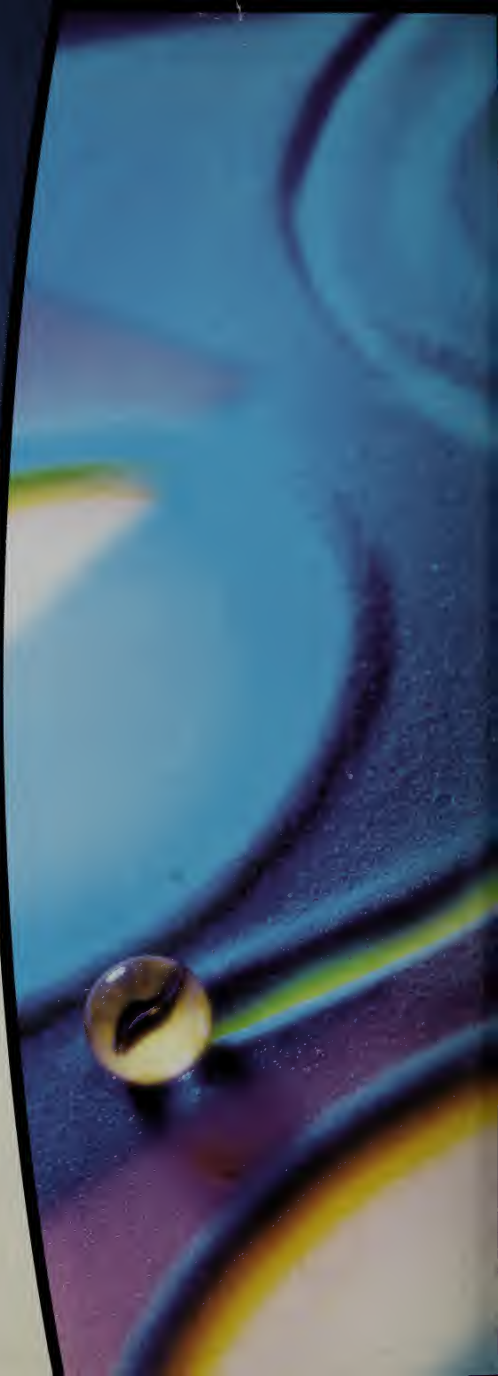

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